

**Ontario Equine Hospital**

6345 Northwest Drive, Mississauga, ON, L4V 1P6 Tel: (905) 672-8080 Fax: 905-672-0990

info@ontarioequinehospital.com

**Owner**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Country: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Phone number(s): \_\_\_\_\_  
Trainer: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

**Patient**

Name: \_\_\_\_\_ Patient #: \_\_\_\_\_ Species: Horse  
Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Breed: \_\_\_\_\_ Colour: \_\_\_\_\_ Has this patient been here before: Yes No  
Is this animal insured: Yes No If yes, name of insurance company: \_\_\_\_\_

**Procedure:** Nuclear Scintigraphy- Racehorse Sport Horse Full Body FE HE ST  
Notes:

**Authorization/Informed Consent**

I am the owner (or agent acting on behalf of the owner) of the animal identified above. I am 18 years of age or older, and I have the authority to give this authorization and do so voluntarily.

I understand that my horse will be injected with a radio-active isotope. (TC99)

I understand that my horse cannot be released to my care until it is determined to be safe and non radio-active by the Ontario Equine Hospital.

Dr. Bonder or Associates have described the procedures identified above and have explained to my satisfaction the purpose for performing them and the risks involved with them. I realize that there can be no guarantee as to the animal's condition or the outcome of any procedures.

I hereby authorize Ontario Equine Hospital to examine and perform the above said procedure to my horse upon admission to the hospital. I fully understand the planned procedures to be performed on my horse.

I authorize Ontario Equine Hospital to provide veterinary services as requested or in emergency circumstances to follow through with such procedures as are necessary for the well being of my horse on a continuing basis until further advised.

I, the owner, agent or trainer of the animal described hereon absolve Ontario Equine Hospital, staff members or associates thereof, from responsibility of any loss I may incur through the death of, injury to, the said animal while in custody of Ontario Equine Hospital.

I understand that I assume financial responsibility for all services rendered at Ontario Equine Hospital.

I hereby authorize Ontario Equine Hospital to release, upon requires of my insurance company, any information it may have with respect to the horse described hereon.

I understand that it is my responsibility to arrange for discharge of the horse described above at the date and time arranged by Ontario Equine Hospital.

I have read and understand this authorization. Date: \_\_\_\_\_  
Owner/Agent/Trainer: \_\_\_\_\_ Witness: \_\_\_\_\_  
Print: \_\_\_\_\_ Print: \_\_\_\_\_