

Ontario Equine Hospital

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Dr. Darryl Bonder, D.V.M., Dr. Orlaith Cleary, MVB, DACVS

Owner / Authorized Agent

Name: M_____. _____ Email: _____

Address: _____ City: _____ Province: _____

Country: _____ Postal Code: _____ Telephone 1: _____ Telephone 2: _____

Trainer: _____ **Phone Number:** _____

Referring Veterinarian: _____ **Phone Number:** _____

Patient **Has this patient been here before?** Yes No **Date of last Tetanus:** _____

Name: _____ Patient Number: _____ Species: HORSE

Sex: Female Male Castrated Yes No Age: _____ Breed: _____ Color: _____

Is this animal insured? Yes No **Insurance Company:** _____ **Policy number:** _____

Procedure

Planned procedure: _____

Admission Date: _____ Procedure Date: _____ Discharge Date: _____

Is general anaesthesia required for this procedure? Yes No

Has this patient received any medications in the past 10 days? _____

Authorization / Informed Consent

I am the legal owner (or legal 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.

Dr. Bonder, Dr. Cleary, & 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 animals condition or the outcome of any procedures.

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 for any loss I may incur through the death of, or injury to, the said animal while in custody of Ontario Equine Hospital.

I hereby authorize Ontario Equine Hospital to euthanize said animal if they deem it to be in the best interest of said animal.

I understand that I assume financial responsibility for all services rendered at Ontario Equine Hospital & agree to pay for services at or before discharge of my horse.

I hereby authorize Ontario Equine Hospital to release, upon request 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 the information on this form. The information on this form has been explained to me & my questions answered.

I declare that I provide my consent to the above-noted product(s)/procedure(s) (inclusive of intravenous catheterization/drug therapy), in accordance with the explanations indicated.

I have read and understand this authorization Date: _____

Owner/Agent/Trainer: _____ Witness: _____

Print : _____ Print : Jennifer Lorimer _____