



Great Basin Equine Authorization for Examination and Medical and/or Surgical Treatment

Client: _____

Address: _____

Patient: _____

Date of Admission: _____

I am the owner or owner's agent of the horse described above (hereafter referred to as Horse) and have the authority to execute this consent. I hereby authorize Great Basin Equine to examine, and if necessary, treat said Horse according to the following terms and conditions.

Great Basin Equine and its officers, agents and employees will provide such veterinary medical care as they deem reasonable and appropriate under the circumstances.

Great Basin Equine and its officers, agents and employees will use reasonable care in the treatment of the Horse, but will not be liable for any loss or accident that may occur or any disease that may develop as a result of the care and treatment provided.

In executing this form, I hereby expressly acknowledge that risks, benefits and alternative forms of treatment have been explained to me, and thus I understand the explanation and consent for treatment. Should any additional treatments or diagnostics be required during the continued care of my Horse, I understand that I will be given the opportunity to discuss and consent to these additional procedures. I understand that further or additional treatment may be required without an opportunity for discussion and consideration by me in the case of the development of any emergency during the continued care of my Horse, and I expressly consent to all such reasonable treatment as required. I realize and understand that results cannot be guaranteed.

I agree to pick up the Horse when notified that it is ready for release.

In the event the Horse is not picked up and if ten (10) days have expired since a registered letter was sent to the address given above notifying me to call for the Horse, the Horse may be sold or otherwise disposed of in a humane manner and any proceeds from a sale applied to the charges incurred in caring and treating the Horse. Failure to remove the Horse will not and does not relieve me from obligation for the costs of services rendered. In addition, I understand that in the event the Horse dies I am still responsible for all charges incurred.

HOSPITAL VISITATION POLICY:

We strive to provide the best possible care for your horse and for others in the hospital. The following guidelines will help us provide the necessary care to all of our patients.

1. Visiting hours are from 9:00am – 4:00pm Monday through Friday and by appointment on Saturdays.
2. Clients must check in at the reception desk prior to visitation.
3. In an effort to maintain biosecurity and client/patient confidentiality, visitors are required to restrict their activities to their horse's location **only**.
4. In order to provide optimal care and service, changes in these policies may be made at the discretion of the veterinarian(s) or technical staff in attendance, and clients are required to comply.



EQUIPMENT:

Any equipment left with the Horse will be accepted with the understanding that Great Basin Equine assumes no responsibility for any loss of equipment that may occur. The following equipment has been left with the horse:

I have read, understand and agree to accept the terms and conditions herein.

Owner's Name: _____ Date: _____
Please print

Owner's Signature: _____

If Agent/Trainer is admitting the horse, please complete the following:

The owner of the Horse, _____, has granted me authority to obtain medical and/or surgical treatment and to bind this owner to pay for veterinary medical services provided by Great Basin Equine pursuant to the terms and conditions described above.

Agent/Trainer Signature: _____ Date: _____