



EQUINE PROCEDURE / INTENSIVE CARE CONSENT & REFERRAL FORM

Please fill in required fields as marked * After filling in form - deliver or send to: info@avenelequinehospital.com.au

ADMISSION AND CONSENT DETAILS

OWNER

* NAME: _____

* ADDRESS: _____

* PHONE (W): _____ PHONE (H): _____

* MOBILE: _____

* FAX: _____

* EMAIL: _____

* INSURANCE: _____

* STUD/STABLE: _____

* PREFERRED COMMUNICATION METHOD: _____

* TETANUS VACC: YES NO DATE: _____

DATE: _____ TIME: _____ CLINIC ICU

HORSE

* NAME: _____

SIRE: _____

DAM: _____

* DOB / YEAR: _____ * SEX: _____

COLOUR: _____ * BRANDS: _____

* MICROCHIP _____

EXAM REQUESTED BY: _____

* PROCEDURE REQUESTED: _____

ESTIMATED PROCEDURE COST: \$ _____

ESTIMATED POST-OP / ICU COST: \$ _____

* IS THIS HORSE FROM A HENDRA REGION? YES NO _____

* HENDRA VACC: YES NO DATE: _____

HISTORY / PREVIOUS DIAGNOSTICS / REASON FOR REFERRAL

MEDICATION: DAY OF ADMISSION

| DRUG | DOSE | DOSE FREQUENCY |
|------|------|----------------|
| | | |
| | | |
| | | |

SURGICAL / PROCEDURE CONSENT

I/We _____ (Owner/Agent) give consent for the above-described horse to have the above procedure undertaken by Avenel Equine Hospital.

I/We acknowledge that no surgical, medical or anaesthetic treatment is without risk to the animal. I/We acknowledge that Avenel Equine Hospital has provided information regarding these risks on its website www.avenelequinehospital.com.au/risks and that I/we understand the risks and have discussed any concerns with the veterinarian treating my/our horse.

I/We also acknowledge that complications may develop because of the procedure(s), which may incur additional fees. As owner I agree to pay all charges incurred on discharge of my animal. Or, in case of dispute, I as agent agree to pay these costs.

I/We acknowledge that post operative care may be required, and will be undertaken as deemed necessary by the attending Veterinarian.

I/We understand that veterinary data obtained while my horse is under veterinary care may be used for future scientific publications while ensuring that client confidentiality will be maintained.

INTENSIVE CARE CONSENT

I/We _____ (Owner/Agent) authorise Avenel Equine Hospital Intensive Care Unit to administer 24hr Intensive Veterinary Treatment, Nursing Care and all diagnostic tests associated in the care of my animal.

I accept the estimated cost given for treatment and agree to pay all charges incurred on discharge of my animal.

* Signed: (OWNER / AGENT) _____ * DATE _____

VERBAL CONSENT / AUTHORISATION ON BEHALF OF _____

SIGNED (OWNER / AGENT) _____

* NOTE: NO SURGICAL PROCEDURES WILL TAKE PLACE WITHOUT A CONSENT SIGNATURE