

# OKLAHOMA CITY EQUINE CLINIC, P.C.



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## Hospital Admission and Consent Form

### Owner Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Phone Numbers:

H: \_\_\_\_\_ C: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

### Horse Information

Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: Female Stallion Gelding

### Referring Veterinarian/Trainer Information

Name: \_\_\_\_\_

Phone: H: \_\_\_\_\_ C: \_\_\_\_\_ Other: \_\_\_\_\_

**Are you the owner of this horse?** Yes No (circle one)

**If not, who has authorized you to make decisions regarding this horse?** \_\_\_\_\_

**Is this horse insured?** Yes No (circle one)

**Agent name and contact information:** \_\_\_\_\_

I authorize Oklahoma City Equine Clinic to perform such procedures as may be advisable and necessary for the health of the above-named horse, including analgesia, sedation and other restraint necessary for the performance of these procedures.

**I agree that payment will be made in full for all services rendered.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_