

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

Name: _____

Breed: _____ Age: _____ Color: _____ Sex: Female Stallion Gelding

Name: _____

Breed: _____ Age: _____ Color: _____ Sex: Female Stallion Gelding

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 _____