



**Southern Equine Service**  
 1258 Banks Mill Rd  
 Aiken, SC 29803  
 (803) 644-1544  
 (803) 644-1599 fax



**Veterinary Consent/Hospital Admission Form**

Admission/Appt Date \_\_\_\_\_

Owner/Agent \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Horse/Name \_\_\_\_\_ Reason for Admission \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Grain/Supplements (type, amount, frequency, etc) \_\_\_\_\_

Hay \_\_\_\_\_ Items (blankets, hay bags, etc) \_\_\_\_\_

Relevant Medical History (stall rest, colic, etc) \_\_\_\_\_

\_\_\_\_\_ I am the owner or agent for the owner of the animal described above and has the authority to execute this consent.

\_\_\_\_\_ I hereby consent and authorize the veterinarians and staff of Southern Equine Service to perform the above procedure(s)

\_\_\_\_\_ I have been advised regarding the nature of the procedure(s) and the risks involved, and I understand that results cannot be guaranteed. I understand that the support staff of Southern Equine Service will be employed as deemed necessary by the veterinarian to assist in the treatment of the above-named animal. I hereby release the veterinarians and staff of Southern Equine Service from any and all liability associated with performance of the procedure(s).

\_\_\_\_\_ I understand that unforeseen conditions may be revealed during the performance of the procedure(s) and that extended or different procedures may be necessary in addition to the procedure(s) named above. Therefore, I hereby consent to and authorize the performance of such procedure(s) that may be deemed necessary by the veterinarians of Southern Equine Service in the exercise of their professional judgment. I release the veterinarians and staff of Southern Equine Service from any and all liability associated with performance of any additional procedure(s) that may be required.

\_\_\_\_\_ I also authorize the use of appropriate anesthetics and other medications. I understand that there are risks associated with the use of any drug, and I release the veterinarians and staff of Southern Equine Service from any and all liability associated with use of anesthetics or other medications.

\_\_\_\_\_ I understand that any estimates provided to me may not be exact and that other expenses may be incurred in the course of treatment. I agree to be responsible for payment of any and all charges associated with treatment of the above-named animal.

\_\_\_\_\_ **I have read and understand this authorization and consent.**

\_\_\_\_\_ **I understand that a deposit may be required upon admission. Payment in full is required at the time of release/service unless prior arrangements are made and agreed to in writing.**

Method of Payment Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Owner/Agent

Attending Doctor \_\_\_\_\_