



Hospital Admission and Consent Form

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Date: _____ **Attending DVM:** _____

<p>Client Information</p> <p>Name: _____</p> <p>Primary Phone #: _____</p> <p>Secondary Contact: _____</p> <p>Phone #: _____</p> <p>Email Address: _____</p> <p>Mailing Address: _____</p>	<p>Exact Current Diet (type, amount, times per day)</p> <p>Hay: _____</p> <p>Pellets/Grain: _____</p> <p>Turn-Out/Grazing: _____</p> <p>Supplements & Medications: _____</p>
<p>Patient Information</p> <p>Name: _____</p> <p>Breed: _____</p> <p>Color: _____</p> <p>Sex: _____</p> <p>Age/Date of Birth: _____</p>	

Please Read, Initial and Sign Below:

X _____	I am the owner, responsible party, or authorized agent, of the above-named animal and have the authority to execute this consent.
X _____	I have been informed that there are certain risks and complications associated with any operations or procedures of this type. These have been explained to me and I realize that results cannot be guaranteed. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures in exercise of the veterinarian's professional judgement.
X _____	I authorize the use of appropriate anesthetics and other medications as needed. I have been informed that there are risks associated with the use of any medication. I understand that the hospital support personnel will be used as deemed necessary by the veterinarian.
X _____	I authorize any procedure in addition to or different from those now contemplated, including euthanasia (humane destruction), to avoid cruel and unnecessary suffering by the animal. I authorize any additional procedures deemed reasonable and necessary by the veterinarian in the event I am unable to be reached in an appropriate time frame.
X _____	I acknowledge that there is not an attendant, technician, or doctor at the above referred facility 24 hours a day unless deemed reasonable and necessary by the veterinarian.
X _____	If the patient is insured, I agree that it is my responsibility to notify the insurance company as required by the terms of the policy. If the insurance company or adjuster should request information from Sound Equine Veterinary Hospital, I authorize SEVH to release that information. Insurance Company: _____
X _____	I agree to indemnify and hold harmless Sound Equine Veterinary Hospital and all staff members from and against any and all liability arising out of the performance of the foregoing procedures.

I hereby authorize Sound Equine Veterinary Hospital to perform the following treatments and procedures:

 Signature of legal owner or authorized agent

 Position of authorized person

 Date