

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

**PATIENT DETAILS:**

Name:	Breed:	Age:	Sex:
	Microchip:	Colour:	

Reason for Admission:

Vaccinations required today (please circle): Strangles: Y / N Tetanus: Y / N Hendra: Y / N

Vices/Behaviors:

Flip page for special requirements/feeding/rugging details.

**CLIENT/ AGENT DETAILS:**

Name:	Mobile:
Address:	Home:
	Email:
	Alternate Contact:

**DECLARATION:**

I understand that the above mentioned horse is to be examined and treated by veterinarians and nursing staff. **I shall settle all charges incurred at the time of discharge of my animal.** For patients that require hospitalisation, a deposit will be required, as will regular payments for ongoing treatment costs.

**Float and Truck** overnight parking is permitted onsite however parking is not secure. Canberra Equine Hospital takes no responsibility for any items or vehicles left on the grounds unattended. I accept that if I leave any vehicles and other items unattended I do so at my own risk.

Signed .....

**PAYMENT METHOD:**

Payment is to be made at reception at the time of the appointment.

Credit Card details for ongoing payments/patients who are collected outside of business hours:

Name on Card: .....



Signed .....

Card Number:             Expiry:   /

*No payments will be processed with the card details provided without prior confirmation.*

**ADMISSION/DISCHARGE NOTES:**

**OFFICE USE**

Admission Time:	Discharge Time:
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**Patient:**

**Owner:**

**Date:**

**FEEDING:**

Chaff type:

Hay type:

Hard feed:

Frequency of hard feed:

**RUGGING:**

**ITEMS LEFT WITH PATIENT:**

**SPECIAL NOTES/OTHER REQUIREMENTS:**

(eg vices, other behaviours)

**OFFICE USE:**