

Date: _____ Time: _____

Veterinarian: _____

PATIENT DETAILS:

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

Reason for Admission:

DATE OF LAST TETANUS VACCINATION : ____ / ____ / ____

Insurance Company _____ Type of Insurance _____ Notified : Yes / No

Vices/Behaviors:

PTO 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.

Signed **Date**.....

For patients that require hospitalisation, a deposit will be required, plus regular progress payments for ongoing treatment costs – see overleaf

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: □□ / □□

Float and Truck overnight unsecured parking is permitted onsite. 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.

ADMISSION/DISCHARGE NOTES:

OFFICE USE

Admission Time: _____ Weight _____ Discharge Time: _____

Patient:	Owner:	Date:
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FEEDING:

Hay type		Chaff type		Hard feed		Please specify
	lucerne		lucerne		breakfast	
	meadow		oaten		lunch	
	teff				dinner	

RUGGING:

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ITEMS LEFT WITH PATIENT:

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SPECIAL NOTES/OTHER REQUIREMENTS:

(eg vices, other behaviours)

HOSPITAL TREATMENT / COST ESTIMATES:

Estimate of Hospital care \$..... - \$..... for day(s)
 I also understand that I will be notified of any major changes as required. I understand that I am responsible for any additional costs that may not have been able to be predicted on admission
I shall settle all charges incurred at the time of discharge of my animal.
I have read and understood the estimated charges
 Signed.....Date.....

date	description	duration	cost	Owner consent	Vet initial

OFFICE USE: