



Consent and Agreement of Services

We would like to take this opportunity to welcome you to Cave Creek Equine Hospital

Owner Information

Last Name: _____ First Name: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____

Agent/Co-Owner

Last Name: _____ First Name: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____

Horse Information

Registered Name: _____ Barn Name: _____
Breed: _____ Age: _____ Color: _____
Sex: Mare Gelding Stallion Purpose/Use _____
Diet: Bermuda: _____ Alfalfa: _____ Other: _____
Leaving animal with: _____

Credit Card Information

Card Number (MC Visa Amex Discover:) _____
Name on the card: _____ Exp. Date _____ Verification Code: _____

Financial Policy

Payment in full is required at the completion of services. Final payment may be made by credit card, cash, check, or Care Credit.

Please note that credit card transactions will be charged a 3% fee by the respective credit card company. Debit cards will not be charged a surcharge. Returned checks will be charged a \$35 fee.

_____(Initial) **If the account is not paid in full at the completion of services and after we have provided you with your invoice, the amount due will be charged to your credit card within 24 hours.**

_____(Initial) Interest at the rate of 2% per month will be charged on any unpaid balance. If it becomes necessary for Cave Creek Equine to utilize the services of an attorney for collection of your account, you agree to pay reasonable attorney fees, costs and interest as allowed by law.

Cancellation Policy

_____(Initial) For surgeries, bone scan, and MRI procedures, a fee of \$300 will be charged for no-shows and appointments that cancel with less than 24-hour notice. For all other procedures/appointments, a cancellation fee of \$75 will be charged for no-shows and appointments that cancel with less than 24-hour notice.

-(PLEASE TURN)-



CAVE CREEK EQUINE[®] HOSPITAL

+ Martin Vidal BVSc, MS, PhD, Diplomate ACVS & ACVSMR
+ Fabio Aristizabal, DVM, MS, Diplomate ACVS
+ Lea Walker, DVM, Diplomate ACVSMR

Reason for Visit/Procedure: _____

Anatomy: Head Neck Body RF Leg LF Leg RH Leg LH Leg

Referred By: _____

Phone Number: _____ Email: _____

Onset of problem (approx. date:) _____ Last Vaccination (date & type:) _____

Is your horse insured? Y / N Insurance Company Name: _____

Insurance claims for animals are handled differently than claims made under your own medical insurance policies. We are not reimbursed by the insurance companies for services rendered. CCEH will be happy to assist in completing the required insurance paperwork for your reimbursement once the account has been paid in full.

Deposits

Cave Creek Equine requires a deposit on all surgeries, bone scans, and MRI procedures **due at the time of scheduling**. This deposit will be applied to the final invoice. For hospitalization, a deposit of 50% of the upper estimated procedure cost is required at the time of admission.

Estimated Cost: _____ Deposit Required: _____ Dr: _____

Complications may occur and/or additional treatment may be necessary and could result in expenses that exceed the original estimate.

Pre-Anesthetic Blood Testing

To ensure that the patient can properly process and eliminate anesthetic agents, it is our policy at Cave Creek Equine to conduct pre-anesthetic blood testing. These tests confirm that the patient's organs are functioning properly as well as reveal hidden health conditions that could put them at risk.

Procedures, Anesthesia & Surgical Risks

The use of anesthesia and other medications for surgical or diagnostic procedures as well as the procedures themselves come with inherent risks. Although rare, these risks include, but are not limited to, abnormal reaction to anesthesia, injury during anesthetic induction or recovery, cardiopulmonary arrest and death during general anesthesia, postoperative colic, postoperative nerve paralysis, postoperative diarrhea, postoperative laminitis, surgical site wound infections, infections of the respiratory tract, and severe bleeding. The risks are greatest in animals that are very young, very old, obese, or medically compromised. At Cave Creek Equine, many precautions are taken to prevent these complications; however, some infrequently do occur. If you have any concerns or questions regarding the complications or risks associated with your animal's surgical procedure, please do not hesitate to ask one of the veterinarians to explain them further.

Discharge

If you are not present at the time of discharge from the hospital, we will charge the credit card you have authorized above to pay your invoice in full. The invoice and the receipt for payment will be (e)mailed to you for your records. When animal is discharged, the owner or agent assumes responsibility and risk for home care.

Authorization

I am the legal owner or the authorized representative of the legal owner of the animal being presented, and I am over 18 years of age. With full understanding of the above, I authorize the veterinarian(s) at Cave Creek Equine and their assistants to perform the necessary examination(s), diagnostics, and treatment(s). If any unforeseen conditions arise in the course of any operation calling for the judgment for any procedure in addition to or different from those now contemplated, I further authorize them to do whatever is necessary to avoid any unnecessary suffering by the animal (including euthanasia). I acknowledge that no guarantee has been made as to the results that may be obtained. I also acknowledge that this facility is not staffed 24 hours.

By signing below, I agree to be bound by the terms of this Consent and Agreement.

SIGNATURE _____

Date: ____/____/____

Name of Owner or Authorized Agent of Owner

_____(Initial) I hereby grant Cave Creek Equine Hospital permission to photograph and/or videotape my horse for use in any and all its publications, including social media platforms.

CAVE CREEK EQUINE HOSPITAL

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