



Consent and Agreement for Services

We would like to take this opportunity to welcome you to Cave Creek Equine Sports Medicine & Surgery and thank you for choosing us to care for your horse

Owner Information

Last Name: _____ **First Name:** _____
Street: _____ **State:** _____ **ZIP:** _____
City: _____
Email: _____
Home phone: _____ **Cell Phone:** _____

Agent/Co-Owner

Last Name: _____ **First Name:** _____
Street: _____ **State:** _____ **ZIP:** _____
City: _____
Email: _____
Home phone: _____ **Cell Phone:** _____

Patient Information

Name (registered): _____ **Barn Name:** _____
Breed: _____ **Age (years):** _____
Sex: Mare Gelding Stallion **Color:** _____
Purpose: _____

Referring Veterinarian

Last Name: _____ **First Name:** _____
Phone: _____ **Email:** _____

Procedure

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

Onset of problem (approximate date) _____
Last Tetanus vaccination (date) _____

Financial Policy

Payment in full is required at the completion of services. Interest at the rate of 18% per annum will be charged on any unpaid balance. Final payment may be made by credit card, cash or check. If your horse is hospitalized, a deposit of 50% of the upper estimated procedure cost is required at the time of admission and the balance is due when the horse is discharged from the clinic. Please note that all returned checks will be charged a \$35 fee. Also please note, that all credit card transactions will be charged a 3% fee by the respective credit card company. 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. If it becomes necessary for Cave Creek Equine Sports Medicine & Surgery (CCESMS) to utilize the services of an attorney for collection of your account, you agree to pay reasonable attorneys' fees, costs and interest as allowed by law.



CAVE CREEK EQUINE

Sports Medicine & Surgery

- + Martin Vidal, BVSc, MS, PhD, Diplomate ACVS & ACVSMR
- + Fabio Aristizabal, DVM, MS, Diplomate ACVS
- + Lea Walker, DVM, Diplomate ACVSMR
- + Rachel Liepman, DVM, MS, DACVIM (LAIM)

Credit Card Information

Name on the Card: _____
Card Number _____ MASTER VISA AMEX DISCOVER #: _____
Exp. Date: ____/____/____ Verification Code: _____ Zip Code _____

Cancellation Policy

CCESMS will charge a cancellation fee of \$35 for no-shows and appointments that cancel with less than 24-hour notice.

Patient Insurance

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. CCESMS will be happy to assist in completing the required insurance paperwork for your reimbursement once the account has been paid in full.

Pre-Anesthetic Blood Testing

To ensure that the patient can properly process and eliminate anesthetic agents, it is our policy at CCESMS 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 CCESIC, 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 faxed or (e)mailed to you for your records.

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 CCESMS 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. 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