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Admittance Form – Medical treatment & hospitalisation

OWNER INFORMATION:

DATE: ___/___/20___

Name: _____ Phone (H) _____

Address: _____ (M) _____

_____ (W) _____

Email: _____ Alt ph _____

Nominated contact person for updates: _____ Contact method _____

HORSE INFORMATION:

Name: _____ Breed: _____ Age: _____ Colour: _____

Sex (please tick): Stallion/colt Gelding Filly/mare Mare & Foal

Insured? YES / NO *Note: If insured, please check your obligations with regards to notifying your insurer of veterinary work.

Behavioral/handling difficulties YES / NO Please specify: (eg hard to catch) _____

Known drug allergies YES / NO Please specify: _____

Date of last tetanus vaccination: ___/___/20___ if not up to date with tetanus vaccination tick here

Date of last Hendra vaccination: ___/___/20___ if not up to date with Hendra vaccination tick here

TREATMENT:

Reason for hospitalisation: _____

Has the animal had any treatment today? (please circle) YES / NO Please specify: _____

GEAR & EQUIPMENT LEFT - HEVC suggests that head collars and rugs are NOT left with the horse.

Rugs (description) _____ Head collar (description): _____

PLEASE SEE OVER PAGE →

Office Use:

Client Number: _____ Date Admitted: _____ Admitted by: _____

Date Discharged: _____ Discharged by: _____

FINANCIAL DETAILS:

Have you been given an estimation of cost? NO / YES \$ _____

Please note: Estimates include treatment from the time the animal arrives at the clinic until the anticipated day of discharge. However, the do NOT include the initial visit nor any follow-up treatment after leaving the clinic, or any additional hospitalization (stabling) charges. The estimate of costs of treatment is based upon the best information currently available, and is not a guarantee of charges. Complications may occur which can not be anticipated and are not included in the above estimate.

PAYMENT ARRANGEMENTS:

Please charge to my pre-existing 30 day account

Account Name: _____ Account Address: _____

Full payment will be made when horse is collected

I would like to get pre-approval with "vet pay" for the estimated costs (please see office staff for further details)

RISKS ASSOCIATED WITH VETERINARY PROCEDURES:

All veterinary procedures carry some degree of risk to your horse. As there are many different illnesses that require hospitalization, the types of possible complications from the disease and associated prognosis for your horse will depend on the individual case. The more likely complications that may occur due to your horses illness may include, but are not limited to: _____

(to be completed by vet)

VISITING HOURS/ UPDATES

Recommended visiting hours are between 9.30am to 4pm Mon-Fri, 9am to 11am on Saturday and by appointment only on Sundays. As the veterinarians can be very busy, we recommend you nominate ONE family member/owner to be the contact person. This person will be responsible for updating all other interested parties on your horse's progress. The best time to call for updates is between 9am – 10am, if the vets are busy a nurse will give you an update or a vet will call you back when they are available.

CONSENT TO PERFORM VETERINARY PROCEDURES:

I, _____ (name) of _____ (suburb) being the owner/lessee of _____ (animals name) , or an authorised agent of the owner (over the age of 18), hereby authorise Hawkesbury Equine Veterinary Surgeons to perform the aforementioned surgical procedure/s on the said horse. I have read and understand the possible complications that can occur with medical treatment and hospitalization and in consideration of the said Veterinary Surgeon/s providing the requisite treatment, I hereby agree to pay HEVC the prescribed fees, and I further agree to indemnify HEVC, their veterinary clinicians, nurses and all staff, from any loss or liability which may incur as a result of any inaccuracy whether intended or otherwise, in this my declaration.

Signed: _____

Date: _____

Witness: _____

Witness Name: _____