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## Admittance Form – Surgery & 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: \_\_\_\_\_

Is your horse's Tetanus Vac up to date YES / NO date: \_\_\_\_\_ Hendra vac YES / NO date: \_\_\_\_\_

### TREATMENT:

Surgery to be performed: \_\_\_\_\_

Has the animal had any treatment today? YES / NO Please specify: \_\_\_\_\_

If surgery to a limb please indicate which limb: Right Fore / Left Fore / Right Hind / Left Hind

### GEAR & EQUIPMENT LEFT

**HEVC suggests that head collars and rugs are NOT left with the horse.**

Rugs (description) \_\_\_\_\_  Head collar (description): \_\_\_\_\_

### Office Use:

PLEASE SEE OVER PAGE →

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 ANAESTHESIA & SURGERY:**

Your horse is to have an anesthetic and/or surgical procedure. Every such procedure carries some risk, and horses by their nature pose special risks. While the vast majority of cases are uneventful and result in a satisfactory outcome, it is important to be aware of possible complications. These include, but are not limited to;

- Adverse anesthetic reactions and unexplained anaesthetic death
- Limb fracture and injury during anesthetic induction and recovery
- Post-operative myositis, infections, colitis, laminitis and colic
- Post surgical wound infection and/or unexpected scaring, white hairs or swelling at the surgical site.
- Post surgical wound breakdown resulting in delayed healing and/or failure to achieve the desired outcome.
- Any of these complications can lead to death or require euthanasia and/or result in additional costs above the estimated fee.

## **VISITING HOURS**

Visiting hours are from 9.30am to 4.30pm weekdays and 9am-11am on Saturdays and by appointment only on Sundays. As our vets can be very busy, we recommend nominating ONE family member to contact the clinic for updates on your horse. The best time is around 9am each morning. If the vets are busy, either a nurse will give you an update or a vet will call you back.

## **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 the anaesthetic and surgical procedure/s 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: \_\_\_\_\_