



2281 West 171st Street South  
Glenpool, OK 74033  
Phone: 918-827-8000 | Fax: 918-827-8001  
www.pineridgeequine.com

## Colic Support Program

Pine Ridge Equine Hospital is committed to providing the highest quality health care for your horse(s). We know that preventive medicine is the number one way to keep your horse(s) healthy and happy. We are proud to present our Colic Support Program (CSP). CSP is our wellness program for your horse(s) to keep them at their best. With our CSP, should your horse ever require colic surgery, we are here. We created the CSP to offer horse owners the option of lifesaving colic surgery without the worry of it being financially prohibitive. Our annual enrollment fee of \$50 covers up to \$5,000 of colic surgery performed at our hospital.

<u>Annual Services Required</u>	<u>Annual Vaccinations Required</u>
Physical Exam (included)	WEE, EEE
Dental Exam (included)	Rabies
Dental Float *when recommended*	Tetanus
Fecal Egg Count	West Nile (twice per year)
Deworming (twice per year)	Influenza (twice per year)
Coggins	Rhinopneumonitis (twice per year)

### Terms & Conditions

1. ALL wellness services must be performed by a Pine Ridge Equine Hospital veterinarian and/or staff member. If previously given by an outside veterinarian or source, there is a mandatory 30 day waiting period before vaccinating your horse again.
2. The CSP does not include a call fee to your farm. Any services provided on the farm will be subject to the appropriate call fee based on mileage.
3. The CSP cannot be transferred to another horse or owner due to sale or death.
4. There is an annual \$50 enrollment fee per horse per year for our CSP. Plans will auto-renew each year, but can be cancelled with 30 days written notice. A credit card is required to be on file for all CSP members.
5. The CSP applies to horses that undergo colic surgery at PREH only. Any horses in the program who receive only medical treatment for colic are not eligible for the \$5000 compensation. Only surgical treatment is included in this coverage.
6. There is a maximum of \$5000 compensation for any horse that has completed requirements within our CSP and undergoes colic surgery at PREH. This amount will apply to any services performed at our hospital (pre-surgery, surgery and post-surgery) up to \$5000 during their hospital stay. Charges over \$5000 are the responsibility of the owner. If the entire \$5000 is not used prior to discharge, no additional credit or reimbursement is given.
7. The minimum age to enroll in our CSP is 12 months old. There are no other age restrictions.
8. If the horse has had previous colic surgery here or at another clinic, they are NOT excluded. However, there is a 6 month waiting period after colic surgery until he/she can be enrolled or reenrolled within our CSP.
9. It will be the owner's ultimate responsibility to make sure their horse(s) are in compliance with the program but reminders will be emailed/mailed to owners.



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Please read and initial next to each statement below:

\_\_\_\_ 1. I understand that not all colic episodes require surgical intervention. Surgical intervention can be contraindicated in some cases, such as colitis. CSP does not cover horses that only undergo medical treatment for colic.

\_\_\_\_ 2. I understand that my account balance must be paid in full prior to colic surgery at PREH. Any accounts with an outstanding balance greater than 30 days are non-compliant with our CSP.

\_\_\_\_ 3. I understand that if my horse has current insurance, the insurance company is required to be notified prior to colic surgery and this is my responsibility. Your insurance will be applied first and then CSP will be applied secondarily. *For example: if total cost of colic surgery and other treatment is \$7500 and your insurance covers \$5000; CSP will compensate you for the remaining \$2500.*

\_\_\_\_ 4. Broodmares are not excluded from our CSP. However, mares that have been confirmed in foal require additional vaccinations to stay eligible.

Pneumabort Vaccination	At 3, 5, 7 and 9 months gestation
Prefoaling Vaccination (7 way, Rabies) & Deworming	30 days before expected foaling date

\_\_\_\_ 5. I understand if my horse does require colic surgery, they will undergo general anesthesia. Various complications, including death, can occur under general anesthesia and during recovery from general anesthesia.

Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY  
Client ID # \_\_\_\_\_



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### Enrollment Form

Client: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

Send me reminders via Mail Email

Horse: \_\_\_\_\_ Breed: \_\_\_\_\_  
Age: \_\_\_\_\_ Gender (circle): Mare Stallion Gelding

Trainer: \_\_\_\_\_  
Stabled At: \_\_\_\_\_  
Stable Address: \_\_\_\_\_  
\_\_\_\_\_

### Payment

*We accept: Cash, Check, AMEX, Visa, MC, Discover*

Account # \_\_\_\_\_  
Exp. Date \_\_\_\_ / \_\_\_\_ Billing Zip code \_\_\_\_\_

ALL CHARGES ARE DUE AT THE TIME OF SERVICE  
(Unless other arrangements have been made)

I authorize Pine Ridge Equine Hospital to perform such procedures as may be advisable and necessary for the health of the above-named horse, including analgesia, sedation, and other restraint necessary for the performance of these procedures. I agree that payment will be made, in full, for all services rendered for and to this horse. Outside laboratory services may be billed separately.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please return a signed copy of this form to our office via fax, mail, or email to: [reception@pineridgeequine.com](mailto:reception@pineridgeequine.com)*