



**Michael D Major, DVM, MS, DACVS**  
Board Certified Equine Surgery

**Jeffrey Brakenhoff, DVM, DACVS**  
Board Certified Equine Surgery  
Associate

**Devon England, DVM**

**Chad J. Zubrod, DVM, MS, DACVS**  
Board Certified Equine Surgery  
Associate

**Lauren Lamb, DVM, DACVS**  
Board Certified Equine Surgery  
Associate

## Hospital Admission and Consent Form

### Owner Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers:

Email address:

Cell \_\_\_\_\_ Other \_\_\_\_\_

### Horse Information

Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: Female Stallion Gelding

REFERRING VET: \_\_\_\_\_ Referring Vet Phone# \_\_\_\_\_

TRAINER: \_\_\_\_\_ Trainer Contact # \_\_\_\_\_

Are you the owner of this horse? Yes No (circle one)

If not, who has authorized you to make decisions regarding this horse? \_\_\_\_\_

Is this horse insured? Yes No (circle one)

Agent name and contact information: \_\_\_\_\_

### Payment Policy: (please initial that you have read and agreed to each statement)

- Payment is due at time of service. If you are unable to be present at that time, please **leave a check, complete a credit card authorization form, or call our office in advanced to set up payment arrangements.** *Initial* \_\_\_\_\_
- There is a 1.5 % (18 % annual) interest charge on all account balances over 30 days. *Initial* \_\_\_\_\_
- If an account is 90 days past due and a payment hasn't been received within the last 30 days, we may refer the account to an attorney or collection agency and you will be responsible for any additional cost incurred. *Initial* \_\_\_\_\_
- There will be a \$25.00 fee for all returned checks. *Initial* \_\_\_\_\_

I authorize Oakridge Equine 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.

Signed \_\_\_\_\_ Date \_\_\_\_\_