



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

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

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Internal Medicine Specialist

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

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

**Gabriel Gonzalez, DVM, MS**  
Equine Surgery

## 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 3 % (36 % 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 \$45.00 fee for all returned checks. Initial \_\_\_\_\_
- We appreciate the opportunity to photograph our patients. Can we photograph and possibly share those images on our website or social media? YES \_\_\_\_\_ NO \_\_\_\_\_

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 \_\_\_\_\_