



Colorado Equine Clinic

CARING • HEALING • HELPING

## Hospitalization and Surgical Release Form

Owner: \_\_\_\_\_

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

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Procedure: \_\_\_\_\_

I hereby certify that I own the above described animal and I do hereby consent and authorize Colorado Equine Clinic and its staff to hospitalize my horse, administer vaccinations, medications, tests, surgical procedures, anesthetics, or treatments that are deemed necessary for the health, safety, and wellbeing of the above animal while under their care and supervision.

If my horse should injure itself in an escape attempt, refuse food, become ill, or die while in the hospital, I will hold Colorado Equine Clinic and the staff free of any responsibility and/or liability in the absence of gross negligence.

I further realize that I am responsible for payment for the above procedures and treatments in full **at the time the animal is discharged** unless other arrangements have been made. If I neglect to pick up the animal within five days of verbal notice that he or she is ready for release, the animal is considered abandoned. Abandonment does not release my obligations to the bill.

I agree that in the case of non-payment a finance charge of 1.5% per month (18% annum) will be charged and that any collection fees or attorney fees will be paid by me.

By checking this box, I authorize my horse to be photographed/videoed by CEC staff for educational and promotional purposes. Names will be kept anonymous, but images may be seen in a public environment.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

*\*\* Please see reverse side for additional fields! \*\**



# Colorado Equine Clinic

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## Daily Schedule

Owner: \_\_\_\_\_

Patient: \_\_\_\_\_

Date: \_\_\_\_\_

### Morning Feed

	Yes/No	Notes (type, quantity, special instructions, etc.)
<b>Hay</b> Please specify type and quantity.		
<b>Grain</b>		
<b>Supplements/Medications</b>		

### Evening Feed

	Yes/No	Notes (type, quantity, special instructions, etc.)
<b>Hay</b> Please specify type and quantity.		
<b>Grain</b>		
<b>Supplements/Medications</b>		

Please circle an option below.

My horse should be **INSIDE / OUTSIDE** during the daytime (pending nice weather).

My horse should be **INSIDE / OUTSIDE** overnight (pending nice weather).

My horse should be blanketed if the temperature is under \_\_\_\_\_.

Additional notes about your horse's stay:

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**Please leave your halter with the office staff! We will store it for you until pick up.**

You are welcome to visit your horse any time while at CEC. We ask that you please:

- Ask permission before taking your horse from his stall.
- Do not clean your horse's stall. Observing the stall is an important part of our exams.