



# SAN LUIS REY EQUINE HOSPITAL

## OWNER INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 WORK PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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## HORSE INFORMATION

REGISTERED NAME: \_\_\_\_\_ BARN NAME: \_\_\_\_\_  
 BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_  
 REFERRING VETERINARIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

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## FINANCIAL POLICY

### Payment Options:

Payment in full is expected and due at the time of service. If for any reason you cannot pay prior to time of service, you must discuss this with the primary veterinarian before your horse is admitted to the hospital. **No exceptions.** We accept the following credit cards: VISA, MASTERCARD, AMERICAN EXPRESS, and DISCOVER.

Please charge my credit card for services:

MC VISA AMEX DISC # \_\_\_\_\_ Exp: \_\_\_\_\_ CIV: \_\_\_\_\_

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

### Authorizations:

I hereby authorize the veterinarians at San Luis Rey Equine Hospital and their assistants to examine and/or perform any/all necessary procedures pertaining to my request for treatment. If any unforeseen circumstance or condition arises during the medical/surgical procedures, calling for their judgement for any procedure in addition to or different from those now contemplated, I further authorize SLREH to do whatever is necessary to avoid needless and unnecessary suffering by the animal (including euthanasia). I acknowledge that no guarantee has been made as to the results that may be obtained.

I hereby authorize the veterinarians and/or their assistants at San Luis Rey Equine Hospital to provide such additional medical or surgical services for my horse as they may deem necessary, including but not limited to, the administration of euthanasia, and services involving surgery, pathology and radiology.

I am the legal owner, or a representative or agent of the legal owner, of the animal being presented to SLREH and I am over the age of 18 years old and I understand and agree with the terms of this policy.

OWNER NAME: \_\_\_\_\_ HORSE'S NAME: \_\_\_\_\_

OWNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_