



VETERINARY SERVICES AGREEMENT

Thank you for choosing San Luis Rey Equine Hospital (SLREH) as your provider of veterinary health services. We are committed to building a successful client-veterinarian relationship with you and your horse(s). This agreement will govern the veterinary services provided to the horse owner (Client) either directly or as approved by an authorized agent.

Authorizations: I hereby authorize the veterinarians at San Luis Rey Equine Hospital and their staff to examine and/or perform the necessary procedures or surgery on my horse(s) as deemed necessary. If any unforeseen condition arises in the course of the medical procedures/surgery calling for their judgment for any procedure in addition to or different from those now contemplated, I further authorize them to do whatever is necessary to avoid unnecessary suffering by the animal (including euthanasia). I acknowledge that no surgical or anesthetic procedure is without some risk to the animal. I accept all potential procedural, surgical, and anesthetic risks including any complications that may develop as a result of this procedure and accept that such complications may incur additional fees. I agree to assume financial responsibilities for services provided. I acknowledge that no guarantee has been made as to the results that may be obtained from procedures or surgery.

I hereby authorize the surgeon(s)/veterinarian(s) and/or their assistants of 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 and maintenance of sedation or anesthesia, and the performance of any services required.

I understand that medical records will not be disclosed to anyone other than myself, my agent or trainer, or my referring veterinarian without my permission. I understand that my veterinarian's goal is to report lab and diagnostic reports pertaining to my horse as soon as possible. However, if I do not hear from my veterinarian or SLREH staff within the time specified, I will call the office for the test results.

I am the legal owner or the representative of the legal owner of the animal being presented and I am over the age of 18 years. I understand and agree with the terms of this policy.

Horse Name: _____ Date: _____

Signature: _____ Print Name: _____