

Cave Creek Equine Surgical Center

34705 N. 14th St.
Phoenix, AZ 85086-0786
Office Phone (623) 581-5508
FAX (623) 516-0934

F. Ross Rich, DVM, PA-C

CONSENT FOR VETERINARY MEDICAL & SURGICAL TREATMENT

Owners Last Name: _____ First Name: _____ MI: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Home PH: _____ Cell PH: _____ Fax: _____
Work: _____ Drivers Lic# _____ Exp: _____
Spouse/Co-Owner Name: _____ Phone: _____
Address (if different from above): _____

HORSE INFORMATION

Horses Name: _____ Breed: _____ Sex: M S G
Age: _____ Color: _____ Referring Veterinarian: _____
Trainer Name: _____ Phone: _____ Farm Name: _____
Todays procedure: _____

FINANCIAL POLICY

Payment in full is required at the completion of services. In order to secure your account with CCESC a Credit Card # is required. Deposits are required in some cases. Final payment may be made by credit card, cash, or check. Please note all returned checks will be charged a \$35 fee. If the account is NOT paid in full at the completion of services, and after your review of the final bill, the amount due will be charged to your credit card.

Please charge my credit card for services:

MC VISA AM EXP DISC # _____ Exp: _____

Signature: _____ Date: _____

I hereby authorize the veterinarians at CCESC and their assistants to examine and/or perform the necessary procedures. If any unforeseen condition arises in the course of the operation 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 guarantee has been made as to the results that may be obtained. This facility is not staffed 24hrs.

I hereby authorize the surgeons and/or their assistants of CCESC 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 anesthesia, and the performance of services involving pathology and radiology.

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.

Signature

Date

CCESC LIABILITY

I understand and agree that the limit of CCESC's liability due to fire, escape, theft, or injury is \$10,000.00. I further agree that if I or the owner whom I represent should desire increased coverage for the horse admitted to CCESC that I will, on my own, arrange for that coverage.

Initials

Date

PATIENT INSURANCE

I understand that if the horse admitted to CCESC is covered by insurance, it is necessary for me to contact the agent or adjuster of that insurance company for the purpose of notifying them of any anticipated procedures which may affect that coverage, and I further agree that I shall make such contact. **I further understand that payment in full is required at the completion of services.** The insurance carrier for animals is handled differently than the medical insurance carried for yourself. We are not reimbursed by the insurance companies for services rendered. CCESC will be happy to assist in completing the required insurance paperwork for your reimbursement once the account has been paid in full.

Policy# _____ Insurance Carrier: _____

Agent/Adjuster Name: _____ Phone: _____

Signature

Date

In an effort to make your visit with us as stress-free as possible, we would appreciate it if you would take a moment to read and sign the following information.

Deposits: Deposits that are required will be due at time of admission. Should the owner not be present, the credit card on file will be charged.

Payment Options: Payment in full is due at the time services are rendered. Should your animal be with us an extended period of time, payment for services rendered will be due at the end of each week. We accept credit cards (VISA, Master Card, American Express, or Discover), cash and checks. There will be a \$35 fee for NSF checks.

Visiting Hours: 9 AM to 4 PM

Request for Invoice: While your animal is staying with us, please feel free to request a copy of your invoice.

Admission: A completed admission form is required for EACH visit your animal makes to the hospital.

Discharge: If you are not present at the time of discharge, your completed invoice will be faxed or mailed to you and payment will be charged to the credit card you have indicated on your admission form. A copy of the receipt and your final bill will be mailed to you.

We would like to take this opportunity to welcome you to the Cave Creek Equine Surgical Center and thank you for choosing us to care for your horse.

Signature: _____ Date: _____
