



CAVE CREEK EQUINE SURGICAL & IMAGING CENTER www.cavecreekequine.com | 623-581-5508 Office 623-516-0934 Fax | 34705 N. 14th St., Phoenix, AZ 85086

### Consent for Veterinary Treatment & Diagnostics

Owner's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Spouse/Co-owner name: \_\_\_\_\_ Phone: \_\_\_\_\_  
How did you hear about us? *Friend Advertising Website Facebook Other* \_\_\_\_\_

### Patient Information

1) Patient Name (Registered): \_\_\_\_\_ Barn Name: \_\_\_\_\_  
Breed: \_\_\_\_\_ Sex: *Mare Geld Stallion* Species: *Horse Dog Cat* Age: \_\_\_\_\_ Color: \_\_\_\_\_  
2) Patient Name (Registered): \_\_\_\_\_ Barn Name: \_\_\_\_\_  
Breed: \_\_\_\_\_ Sex: *Mare Geld Stallion* Species: *Horse Dog Cat* Age: \_\_\_\_\_ Color: \_\_\_\_\_  
Referring Veterinarian: \_\_\_\_\_ Trainer Name: \_\_\_\_\_

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

Please be specific on area that is being looked at or worked on: *RF LF RH LH* \_\_\_\_\_

Date of onset of problem (estimate is fine) \_\_\_\_\_ Date of last Tetanus Vaccination \_\_\_\_\_

### Financial and Insurance Policy

**Payment in full is required at the completion of services.** If your horse is hospitalized, a deposit of 50% of the estimated procedure cost is required at the time of admission and the balance is due when the horse is discharged from the clinic. If you are not present at the time of discharge, your invoice will be sent to you and the balance will be charged to the credit card indicated below. We realize that veterinary services may become necessary at times that are financially inconvenient; therefore, we accept cash, check, Visa, MasterCard, Discover, & American Express. Please note that all returned checks will be charged a \$35 fee and a 10% monthly late fee will be applied to any unpaid balance.

Is your horse insured? *Y / N* Insurance Company Name: \_\_\_\_\_  
Please remember that Cave Creek Equine Surgical & Imaging Center (CCESIC) will not be reimbursed by your insurance company for services rendered. We would be happy to assist you in completing the required paperwork for your reimbursement once your account has been paid in full.

Credit Card #: \_\_\_\_\_ Exp.: \_\_\_\_\_ Verification Code: \_\_\_\_\_ *VISA MC AMEX DISC*

### Consent

I, the undersigned owner (or authorized agent for the owner), of the animal(s) described above have the authority to execute consent for this procedure and am over the age of 18 years. With full understanding of the above, I authorize the veterinarian at CCESIC and their assistants to perform the necessary examination(s), treatment(s), and diagnostics. I understand that risks and potential complications exist during veterinary procedures. If any unforeseen condition arises in the course of the procedure(s), I also authorize CCESIC 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. I understand that CCESIC is not staffed 24 hours.

Furthermore, I assume all financial responsibilities for the charges incurred for this procedure. I understand that in the event that it would be necessary to utilize the services of an attorney for collection of my account to CCESIC, I agree to pay reasonable attorney's fees, costs of collection, and all court costs. I hereby authorize CCESIC to charge my credit card until all fees are paid in full. There is a cancellation fee of \$25 for no shows and appointments that cancel with less than 24 hours notice.

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

If Agent, Please Print Name Here: \_\_\_\_\_

**Thank you for choosing Cave Creek Equine Surgical & Imaging Center for the care of your horse.**

## Additional Consent for Surgical & MRI Patients

Has your horse received any medications today?    Yes    No

Please list medications that patient normally takes: \_\_\_\_\_

\_\_\_\_\_

Diet: \_\_\_\_\_

What is the patient used for? \_\_\_\_\_

Special Requests or Other Information: \_\_\_\_\_

### Financial and Insurance Policy

The cost for the procedure(s) described above is estimated to be between \$\_\_\_\_\_ and \$\_\_\_\_\_. Please be advised that this estimate is only an approximation of the final cost and if complications develop, the total may be substantially different. Payment in full is required at the completion of services. If your horse is hospitalized, a deposit of 50% of the estimated procedure cost is required at the time of admission and the balance is due when the horse is discharged from the clinic. If you are not present at the time of discharge, your invoice will be sent to you and the balance will be charged to the credit card indicated below. We realize that veterinary services may become necessary at times that are financially inconvenient; therefore, we accept cash, checks, Visa, MasterCard, Discover, & American Express. Please note that all returned checks will be charged a \$35 fee.

Is your horse insured? Y / N    Insurance Company Name: \_\_\_\_\_

Please remember that CCESIC will not be reimbursed by your insurance company for services rendered. We would be happy to assist you in completing the required paperwork for your reimbursement once your account has been paid in full.

Credit Card #: \_\_\_\_\_    Exp.: \_\_\_\_\_    Verification Code: \_\_\_\_\_    Deposit: \$ \_\_\_\_\_

- **Pre-Anesthetic Blood Testing:** To ensure that the patient can properly process and eliminate anesthetic agents, it is our policy at CCESIC that pre-anesthetic blood testing be performed prior to any anesthetic procedure. These tests confirm that the patient's organs are functioning properly as well as reveal hidden health conditions that could put them at risk. If the results are normal, we can proceed with the anesthetic procedure as planned. If the results are abnormal, we may simply need to alter the type of anesthesia used or run further tests to determine the extent of the problem and initiate treatment. There is no guarantee that the blood testing will show a potential issue, but it gives us the best chance of finding a problem before we potentially exacerbate it with anesthesia.
- **Anesthesia & Surgical Risks:** The use of anesthesia and other medications for surgical or diagnostic procedures as well as the procedures themselves come with inherent risks. Although rare, these risks include, but are not limited to, abnormal reaction to anesthesia, injury during anesthetic induction or recovery, cardiopulmonary arrest and death during general anesthesia, postoperative colic, postoperative nerve paralysis, postoperative diarrhea, postoperative laminitis, surgical site wound infections, infections of the respiratory tract, and severe bleeding. The risks are greatest in animals that are very young, very old, obese, or medically compromised. At CCESIC, many precautions are taken to prevent these complications; however, some infrequently do occur. If you have any concerns or questions regarding the complications or risks associated with your animal's surgical procedure, please do not hesitate to ask one of the veterinarians to explain them further.
- **Consent:** I, the undersigned owner (or authorized agent for the owner), of the animal described above have the authority to execute consent for this procedure and am over the age of 18 years. The reasons why this procedure is necessary, it's advantages, possible complications, and possible alternative methods of treatment have been discussed with me. With full understanding of the above, I authorize the veterinarian at CCESIC and their assistants to perform, under any anesthetic deemed advisable, the procedure(s) listed above. I understand that risks and potential complications exist with anesthesia and surgery. If any unforeseen condition arises in the course of this procedure, calling for their judgment for any procedure in addition to or different from those now contemplated, I also authorize CCESIC 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. I understand that CCESIC is not staffed 24 hours.

Furthermore, I assume all financial responsibilities for the charges incurred for this procedure. I understand that in the event that it would be necessary to utilize the services of an attorney for collection of my account to Cave Creek Equine Surgical & Imaging Center (CCESIC), I agree to pay reasonable attorney's fees, costs of collection, and all court costs. I hereby authorize CCESIC to charge my credit card until all fees are paid in full.

**Owner/Agent Signature:** \_\_\_\_\_    Date: \_\_\_\_\_

Please Print Name Here: \_\_\_\_\_

*Thank you for choosing Cave Creek Equine Surgical & Imaging Center for the care of your horse.*