

# OKLAHOMA CITY EQUINE CLINIC, P.C.



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Brian S. Carroll, DVM  
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## Hospital Admission and Consent Form

### Owner Information

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

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

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

#### Phone Numbers:

H: \_\_\_\_\_ C: \_\_\_\_\_ Other: \_\_\_\_\_

### Horse Information

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

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: Female Stallion Gelding

### Referring Veterinarian/Trainer Information

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

Phone: H: \_\_\_\_\_ C: \_\_\_\_\_ Other: \_\_\_\_\_

**Are you the owner of this horse?** Yes No (circle one)

**If not, who has authorized you to make decisions regarding this horse?** \_\_\_\_\_

**Is this horse insured?** Yes No (circle one)

**Agent name and contact information:** \_\_\_\_\_

### Payment Policy: (Please initial that you have read and agree to each statement)

- Payment is due at time of service. If you are unable to be present at that time, please **leave a check, complete a credit card authorization form, or call our office in advance** to set up payment arrangements. *Initial* \_\_\_\_\_
- There is a 1.5% (18% annual) interest charge on all account balances over 30 days. *Initial* \_\_\_\_\_
- If an account is 90 days past due and a payment hasn't been received within the last 30 days, we may refer the account to an attorney or collection agency and you will be responsible for any additional costs incurred. *Initial* \_\_\_\_\_
- There will be a \$27.00 fee for all returned checks. *Initial* \_\_\_\_\_

I authorize Oklahoma City Equine Clinic to perform such procedures as may be advisable and necessary for the health of the above-named horse, including analgesia, sedation and other restraint necessary for the performance of these procedures.

**I agree that payment will be made in full for all services rendered.**

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