

FOAL TREATMENT CONSENT FORM

- I understand that the expense and the outcome of foal therapy vary greatly with the severity of the foal's illness
 - Some foals require minimal care:
 - checking for colostrum absorption
 - making sure the foal is nursing normally
 - monitoring for evidence of infection
 - Some foals require more intensive care:
 - No adequate colostrum absorption requires plasma transfusion
 - closer monitoring for lethargy and decreased suckling
 - closer monitoring for signs of infection
 - Some foals are admitted with severe illness:
 - prematurity, septicaemia, diarrhoea, aspiration pneumonia
 - intensive therapy is mandatory
- Foals may be hospitalised from 3 up to 30 days, depending on the severity of their illness. In most cases, a critical decision will be made by the foal owner and the attending veterinarian regarding the foal's condition and prognosis after 3 days of therapy (or earlier at the owner's request). Response to treatment is a good indicator if further treatment improves the outcome.
- I understand that the total daily fee will vary with the foal's condition and that they increase rapidly in cases of severely sick foals. These fees include the examination fees, the stabling charges, intensive care charges, medication, intravenous fluids, plasma transfusions, oxygen therapy and laboratory tests. Complimentary examinations such as X-rays, endoscopies, gastroscopies, etc. as well as surgery fees (if indicated) are not included in the estimate fee.
- The veterinarian responsible will give daily updates on the condition of the foal and a daily financial update will be provided by the administration team. The foal's response to therapy, the prognosis and the costs involved need to be completely understood day to day

- I understand that:
 - No treatment or surgery can guarantee full recovery
 - Complications may include worsening of the infection which despite all reasonable care, the condition can worsen and can eventually lead to the passing away of the foal

- I acknowledge that all charges must be paid in full at the time of discharge. I agree to pay the total invoice amount, even if the treatment installed is unsuccessful.

- I have read and understood the above statements and authorise the attending veterinarian and the Sharjah Equine Hospital staff to treat my foal.

- I confirm that I have had the opportunity to discuss my foal's condition, treatment options and associated risks, and that all my questions have been answered to my satisfaction. I acknowledge that no guarantees have been made regarding the outcome of the treatment.

- Name of the owner: _____

- Name of the horse: _____

- Microchip number: _____

- Owner signature: _____

- Date: _____

- Veterinarian: _____