



## HOSPITAL ADMISSION FORM

Date \_\_\_\_\_

Owner Name \_\_\_\_\_

Cell Phone No \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Patient Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Microchip number \_\_\_\_\_ Colour \_\_\_\_\_

**Feeding Instructions** \_\_\_\_\_

**Belongings left with patient** \_\_\_\_\_

**Reason for hospitalisation** \_\_\_\_\_

- I do hereby consent and authorise Sharjah Equine Hospital and its staff to hospitalise my animal, and to administer vaccinations, medications, perform tests, surgical procedures, anesthetics and treatment that the veterinarian(s) deems necessary for the health, safety, and well-being of the above-mentioned animal while under their care and supervision.
- I have been informed that there are certain risks and complications associated with any operations or procedures of this type. These have been explained to me, and I realise that results cannot be guaranteed. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures in exercise of the veterinarian's professional judgement.
- I authorise the use of appropriate anesthetics and other medications as needed. I have been informed that there are risks associated with the use of any medication. I understand that the hospital support personnel will be used as deemed necessary by the veterinarian.
- I understand that treatment of the horse may involve the use of drugs that are not specifically registered for horses. I accept that the veterinarian has the legal authority to prescribe off-label use and consent to their use for the horse, as deemed appropriate by the veterinarian treating the horse.

- If my animal should injure itself in an escape attempt, refuse food, become ill or die while in the hospital, I will not hold Sharjah Equine Hospital and staff responsible and/or liable if the absence of gross negligence.
- If an emergency arises and I cannot be contacted to provide authorisation for treatment, the attending veterinarian should act in his or her best judgement. I agree to pay the additional expenses incurred for the emergency treatment.
- I have been informed and understand that visitation is during office hours only (9AM – 6PM Monday – Thursday, 9AM – 12PM Friday). Visitation after hours MUST be prearranged with the attending veterinarian.
- I understand that my animal must be picked up by 11AM on the day of discharge. Additional hospitalisation charges may apply to late pick-ups.
- I understand that if I neglect to pick up the animal within five (5) days of verbal notice, that the animal is ready for release, Sharjah Equine Hospital may assume that the animal is abandoned. Abandonment does NOT release me from my financial obligations of the bill (unless other arrangements have been made).
- I accept the estimated cost given for treatment and agree to pay all charges incurred on discharge of the horse.
- I understand that de-identified veterinary data, obtained while the horse is under veterinary care may be used for future scientific publications.

SIGNATURE OWNER \_\_\_\_\_