



مستشفى الشارقة للخيول
SHARJAH EQUINE HOSPITAL

IMAGING CONSENT FORM

Owner Name: _____ Stable: _____

Contact No: _____ Email: _____

Authorized Representative _____

Horse Name: _____ Breed: _____

The horse mainly used for: _____ Age and Sex: _____

I, the owner/owner's authorized representative (circle appropriate designation) of the horse listed above, have the authority to execute this consent. I hereby authorize Sharjah Equine Hospital and its staff to perform on mentioned horse for the following CT/MRI procedure.

The **estimate** for the above-mentioned procedure without complications is _____ AED and is inclusive of sedation and VAT.

I understand the following information:

- This estimate can increase if complications arise or if additional procedures need to be performed. In this case, SEH staff will notify the owner and a new estimate will need to be signed.
- Sharjah Equine Hospital and its veterinarians and supporting clinical staff will provide veterinary medical care as they deem reasonable and appropriate under the circumstances.
- No surgical, medical or anesthetic treatment is without risk to the horse. I acknowledge that SEH provided information regarding these risks and I understand that the hospital and its staff will not be liable for any loss or accident that may occur or any disease that may develop as a result of the care and treatment provided.
- I authorize Sharjah Equine Hospital clinical staff in an emergency situation to follow through with procedures that are necessary for the wellbeing of the horse on a continuing basis until communication with the owner is possible.
- I understand that in the event the horse dies, I am still responsible for all charges incurred.

I agree:

- To settle all invoices towards the services rendered by the Sharjah Equine Hospital when presented with them before discharge of the horse from the hospital.
- I understand that the horse will only be discharged from the hospital if the invoice is paid in full unless there is prior written agreement from the SEH management on a payment arrangement.
- **Please be at the hospital 30mins before appointment time.**
- **Please remove all the shoes before sending the horse to the hospital.**
- **Lateness and non-removal of the shoes could result in appointment cancellation.**
- Any enquiries or questions please email gia@seh.ae or rahim@seh.ae

I do not require a report (*Please tick the box if you do not require a Radiologist report*).

I require a Radiologist report (*Kindly share any clinical history with us if you may have*).

Signature of owner or representative _____ Date _____

Signature of SEH representative _____ Date _____