



4025 Coleman Cut Road  
Paducah, Kentucky 42001  
(270) 554-6601

[www.equinevetservice.com](http://www.equinevetservice.com)

Client: \_\_\_\_\_ Patient: \_\_\_\_\_

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

By submitting this form, I authorize Medical and/or Surgical Treatment as legal owner or responsible agent of the above equine. I authorize such therapeutic and/or surgical procedures as deemed advisable or necessary by the attending veterinarian. The nature of the procedures has been explained to me; and, no guaranty has been made as to the results or cure. I fully understand that there may be risks involved in these procedures.

I understand that my pet's procedure requires general anesthesia and /or sedation. All precautions will be taken to ensure the safety of my pet. However, I have been informed of the possible risks associated with anesthesia /sedation, and that I am responsible for associated charges. I also understand that the doctor(s) reserve the right to perform lifesaving efforts should complications arise. I agree that Dr. Tony Hicks, Equine Veterinary Service and/or the staff will not be held responsible for the loss of or injury to the animal.

I hereby certify that I have read and fully understand the above authorization for medical and/or surgical treatment. I also agree that no guarantee or assurance has been made as to the results that may be obtained. Furthermore, I assume financial responsibility for all charges incurred to patient, consent to release of medical information, and authorize direct payment to Equine Veterinary Service. This practice's financial policy is that a \$\_\_\_\_\_ deposit is due up front, and full payment is due at the time services rendered/ pick up. I understand that I am financially responsible for payment of all bills for veterinary services, late charges, and collection costs.

Veterinarian \_\_\_\_\_ date \_\_\_\_\_

Client \_\_\_\_\_ date \_\_\_\_\_