مستشفى الشارقة للخيول
SHARJAH EQUINE HOSPITAL

MEDICAL/SURGICAL TREATMENT CONSENT FORM

Owner Name:_____

Contact No:_____Email:_____

Authorized Representative_____

Horse Name: _____Stable:_____

Microchip No: _____Passport No: _____

(Horse passport copy showing details of owner and the diagram page attached)

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 treat above mentioned horse for the following diagnosis or treatment plan:

_____

_____

The **estimate** for the above mentioned procedure without complications is _____ AED

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 a prior written agreement from the SEH management on a payment arrangement.

Signature of owner or representative_____**Date**_____

Signature of SEH representative_____**Date**_____