Dr. Bob Rednour

# Large Animal Veterinary Services
## Client/Patient Registration Form

## Owner Information:

| | |
|---|---|
| **Name:** | **Horses Stabled At: (Barn Name)** |
| **Mailing Address w/ City, State, Zip:** | **Physical Address w/ City, State, Zip: (Barn Location)** |
| **E-MAIL:** | |

## Phone Contacts:

| | | | |
|---|---|---|---|
| **Home:** | **Work:** | **Mobile 1:** | **Mobile 2:** |

## Patient Information:

| | | | | | |
|---|---|---|---|---|---|
| **Name (Call Name & Registered):** | **Breed** | **Birth Date** | **Sex** | **Color** | **Allergies** |
| **Name (Call Name & Registered):** | **Breed** | **Birth Date** | **Sex** | **Color** | **Allergies** |
| **Name (Call Name & Registered):** | **Breed** | **Birth Date** | **Sex** | **Color** | **Allergies** |
| **Name (Call Name & Registered):** | **Breed** | **Birth Date** | **Sex** | **Color** | **Allergies** |

## Credit Information:**** NO AMERICAN EXPRESS CARDS ACCEPTED****

| | | | | | |
|---|---|---|---|---|---|
| **Credit Card #:** | **Visa** | **MC** | **Discover** | **Exp Date** | **CVV Code** |

You may be given an estimate by the clinician for the cost associated with the treatment of your animal. You may also be informed of the anticipated diagnostic and therapeutic procedures necessary as well as the available alternatives (ie. referral). Feel free to discuss the cost and treatment schemes with the clinician in charge.

## INFORMED CONSENT:

I am the owner of the above described animals, or have authorization from the owner to consent to treatment. I hereby voluntarily request, authorize, and consent to the medical care, including diagnostic, therapeutic, anesthetic, and surgical procedures as deemed appropriate by Large Animal Veterinary Services (L.A.V.S.) and its agents. I understand that complications can occur in spite of the best medical/surgical care, and I have been informed of these complications. I have been informed of the alternatives available to the proposed diagnostic/treatment procedures. I accept full financial responsibility for services rendered by L.A.V.S., and I agree to pay a minimum deposit for half of the estimate upon admission. The balance will be paid in full upon discharge of the above described animal. In the event of an emergency, and I cannot be contacted to authorize treatment and/or humane euthanasia, the attending clinician should act in his or her best judgement. I will not hold L.A.V.S. or its employees/agents liable in any manner regarding the treatment, care or safekeeping of the above described animals. I understand that I am liable for legal and collection fees accrued for delinquency. I understand that a $35 fee will be assessed on all returned checks.

**Owner/Agent Signature** **Date: Month/Day/Year**