



ADMISSIONS FORM

Date Admitted _____ Date Discharged _____

Horse Owner: _____

Address: _____

Postcode: _____ Phone: _____

Fax: _____ Mobile: _____

Email: _____

Horse Name: _____ Breed: _____

Sex: _____ Age: _____ Colour: _____

Brands: NS _____ OS _____ ID Collar ID mane tag

Worm on arrival? Completed?

Vaccination Status? _____

Reason for Admission: _____

If being bred this season:

Sire for this seasons mating: _____

Frozen AI Chilled AI Natural Serve

In Foal Foal at foot (Foal DOB: _____) Colour: _____ Gender: _____

If Natural Serve, Stud where stallion resides: _____

Swabs Required: Clitoral Uterine None Performed/Attached: Clitoral

Declaration

I undertake to pay all costs incurred in this procedure, including those associated with hospitalisation/agistment. I agree to your trading terms of payment at the time of discharge (unless other terms have been arranged prior to surgery). If a delayed payment plan is negotiated, I agree to pay all outstanding costs associated with any account within 30 days. I agree that I will be liable for all costs associated with the recovery of any outstanding invoices. Such costs include all Debt Collection, at the agreed rate of 28% plus GST, and Legal Costs at the rate charged by the Legal Practitioner or Court. I will also be liable for interest pursuant to the provisions of the Queensland Supreme Court Act 1947, currently set at 10% per annum (calculated daily). Scenic Rim Veterinary Service Pty Ltd also reserves the right to charge a penalty of \$50.00 for unpaid, returned or recalled direct debits or Unpaid, returned or recalled cheques. Scenic Rim Veterinary Service Pty Ltd is incorporated in the State of Queensland, as such, all monies will be owing to this company, in this State. This agreement shall be governed and construed in accordance with the laws in force in the State of Queensland and the parties submit to the jurisdiction of the courts of Queensland.

I agree to indemnify the attending veterinarian, his servants and agents for any loss or liability that they may incur as a result of any inaccurate information provided on this consent form, whether intended or otherwise.

Client Consent:

I am the owner / I am authorized by the owner to give consent (delete which is not applicable) and I give my permission for the horse listed above to be admitted to the Scenic Rim Veterinary Service Clinic for treatment.

I give my consent for anaesthesia where indicated, and understand that all anaesthesia carries a small risk that is minimised by examination and anaesthetic procedures undertaken.

Owner Signature _____