

Gulf Coast Equine Hospital Drop Off Form

Please complete front and back.

Owner's Name _____ Pet's Name _____ Date _____

Please check the significant problems that apply to your pet and prioritize by number

- Coughing
- Itching
- Lethargic
- Losing weight
- Diarrhea
- Limping: (ex.: front rear right left)
- Difficulty urinating
- Difficulty defecating
- Eye discharge
- Nose discharge
- Sneezing
- Other _____

How long has your pet displayed these problems?

What are you currently feeding your pet?

Is this a recent change? Y / N

If yes, what were you previously feeding? _____

Is your pet currently receiving any other medications? Please list medications and daily doses: _____

In order to diagnose your pet's condition, your pet may require lab tests, x-rays, and/or other diagnostic testing. Do you authorize tests if the doctor feels it is warranted? Please initial below:

_____ Yes, proceed with any doctor recommended diagnostic testing.

_____ No, contact me prior to performing any diagnostic testing.

I, the undersigned owner or designated agent, hereby authorize Gulf Coast Equine Hospital (hereinafter "Hospital") to board/hospitalize my pet. I also hereby authorize the Hospital to perform the service I requested while my pet is boarding. The hospital will attempt to notify the owner if the pet becomes ill while boarding. If the owner does not inform the hospital otherwise regarding measures to be taken, or if the state of the animal's health reasonably demands quick action in the opinion of the veterinarian, the hospital will administer medical and /or surgical treatment as needed, for which the owner is financially responsible, until the owner can be notified.

As the owner of the said animal, I realize that I am responsible for the boarding fees, and any associated costs, and for the payment of services I requested and

that they are to be paid in full at the time the animal is discharged. If I do not pick up the animal within five (5) days of the scheduled pick-up date, the hospital will assume the animal is abandoned. If the animal is abandoned, the hospital is authorized to remedy the abandonment as prescribed by law. I further understand that abandonment DOES NOT release me of my financial obligation for services rendered, fees associated with abandonment, collection action, and/or legal services.

I understand that Gulf Coast Equine Hospital is not held responsible for the lost personal items (blankets, halters, feed/hay.) while my pet is hospitalized.

I also understand and acknowledge that the hospital is not staffed 24 hours a day.

Signature:

Date: _____

Emergency Contact Number(s):

Payment Information:

Credit Card #: _____

CVV: _____

Expiration Date: _____