

THE EQUINE CLINIC AT OAKENCROFT

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FINANCIAL ESTIMATE AND INFORMED CONSENT FOR HOSPITALIZATION

Client Name: _____
Phone: _____ Email: _____
Patient Name: _____ Age: _____ Breed: _____
Reason for Hospitalization: _____

ESTIMATE

The cost of the attempted medical and/or surgical care of your animal for the above problem(s) is estimated between \$_____ and \$_____. Please recognize that this estimate is only an approximation of the final cost to you for the attempted treatment of your animal. The final cost of treating your animal may be substantially different if additional disease conditions or complications develop.

PAYMENT POLICY

We require payment at time of service. Check or credit card (we accept all major credit cards) are preferred. We also accept Care Credit. You can contact the office for more information. A 50% deposit is required at hospitalization based on the estimate. Payment in full is due upon discharge.

HOSPITAL GUIDELINES

For all scheduled procedures, please plan to drop off and pick up your horse between 8am and 4pm Monday through Friday and weekends by appointment. If you need to arrange for after-hours pickup or drop-off, please let the office know so we can accommodate you. Additionally, if you can, please give us a call when you or your shipper is en route so we can watch for you. For emergency procedures, please discuss arrangements with the on-call veterinarian.

The office is open Monday through Friday 8am to 4pm and weekends by appointment if you would like to come and visit your horse. Please stop into the office upon arrival, and a member of our staff will assist you. We can also arrange after-hours visits from 5-8pm, but we ask that you do not visit after 8pm to allow all of our patients a chance to rest. To ensure the safety of all of our horses and clients, we ask that you do not take your horse out of his/her stall or turnout area without the assistance of a member of our staff. Please also feel free to call our office at any time if you would like to check in on your horse.

INFORMED CONSENT

The treatment of your animal will be performed under the direction of the clinic veterinarians who are committed to providing your animal quality veterinary care. Despite the provision of such care, some animals may develop additional disease conditions or complications. In some cases, these conditions will require additional treatment, raising the cost of health care above and beyond the estimate provided. Occasionally, complications may be so severe that they result in patient death or extreme morbidity, sufficient to require humane euthanasia. While every reasonable effort will be made to recognize and prevent these situations, you should be aware that complications can and do occur.

ANESTHESIA

The use of anesthesia is often necessary for diagnostic and therapeutic procedures performed by the Equine Clinic at OakenCroft. Although risk of death or injury during anesthetic induction, positioning, and recovery is present, it is often considered to be minimal. Anesthetic risks are greatest in large, colicky, toxic, or medically compromised patients. Both anesthesia and severe illness constitute substantial stress for the affected animals. Horses which are seriously ill or anesthetized can develop diarrhea, laminitis, musculoskeletal problems, pleuropneumonia, or severe infections. These conditions are expensive to treat and often cannot be resolved satisfactorily, thereby necessitating euthanasia.

By your signature, you acknowledge and accept that certain expenses and risks do exist surrounding the diagnosis, treatment, and care of your animal. Further, you understand and agree to the payment estimate and policy as outlined above.

Client or Agent Signature _____ Date _____

Veterinarian Signature _____ Date _____