

Wolf Creek Equine Hospital Reproductive Admission Form

Date: _____ Drop Off Trailer-In

Owner name: _____

Horse Information: Mare Stallion Foal Present

Horse Name: _____

Age/Year: _____ Breed: _____ Reg. Number: _____

Reason for visit: _____

If here for artificial insemination, please give following information:

Stallion Name/Information: _____

Contact Person: _____ Phone: _____

Veterinarian Name: _____ Phone: _____

If horse is staying, please fill out the below information:

Feed instructions: _____

Date Last Dewormed: _____ Date last vaccinated: _____

Date Last Trim: _____ Special Needs: _____

Supplies arriving with animal _____

NOTICE: Your horse will be included in our routine deworming/vaccination schedule unless you indicate otherwise and provide us with proof on admission

I authorize Wolf Creek Equine Hospital (WCEH) to perform reproductive procedures on the above noted horse (s) as required. WCEH will follow practical and reasonable procedures to reduce the chance of injury or sickness in horses cared for at our facility. I understand that emergency procedures may be needed in life saving situations (i.e. colic, laminitis, etc.) and that these procedures may need to be carried out before I can be contacted. WCEH will make every effort to contact owners, trainer or agents prior to initiating any unauthorized diagnostic test or medical treatments related to an emergency situation. However, I authorize WCEH to administer emergency treatments considered necessary.

In addition, I understand the risk associated with palpation and ultrasonography of the reproductive tract of the mare per rectum (i.e. rectal tear). If I do not understand the risk or consequences, I acknowledge that it is my responsibility to ask and that WCEH and its staff will explain the risk involved.

Owner/Agent Signature: _____ Date: _____