



1202 Calle Maria
San Marcos, California 92069

Phone- 760-591-9952
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E-mail: sdequinegroup@sdequine.com
www.sdequine.com

***** All patient care is located at our clinic location: 1288 Calle Maria San Marcos, California 92069*****

AUTHORIZATION AND CONSENT TO PERFORM PROFESSIONAL SERVICES

I _____, the owner or authorized agent of the horse identified as ANIMAL NAME _____, BREED _____, AGE _____, COLOR _____ SEX _____, certify that I am over 18 years of age and hereby authorize Dr(s). McClellan/Manno/James/Robertson/Bienz/Chavarria/Stripe/Weststeyn and whomever he/she may designate as his/her assistants to perform professional services (such as, but not limited to, examinations and procedures, diagnostics, general anesthetic surgery and imaging) upon the animal named above. The risks and nature of all procedures have been explained to me, and no warranty or guarantee has been made as to the result or cure. These risks include the risk of bleeding, infection, pain, drug reactions, anesthesia risks, and death. I am satisfied with my understanding of the possible consequences, outcomes or risks to the animal if no treatment is rendered. I understand that some risks always exist with any procedure and that I am encouraged to discuss any concerns I have in regards to those risks with the veterinarian(s) before the procedure begins. Should un-expected life-saving emergency treatment be required and the attending veterinarian(s) is unable to reach me, the attending veterinarian(s) and his/her staff has my authorization to provide such treatment, and I agree to pay for such care. I also understand that conditions may arise which are unforeseen at this time and that it may be necessary and advisable to perform procedures different from, or in addition to, those procedures explained to me. I authorize and consent to the performance of such additional or different procedures as are considered necessary and advisable by said veterinarian(s).

I understand that the animal is under the care of the above-named veterinarian(s) and it is the responsibility of Equest Investments, LLC and its staff to carry out the instructions of said veterinarian(s). I recognize that Equest Investments, LLC is an independent contractor, and Equest Investments, LLC and its staff are not employees of said veterinarian.

I consent to the administration of such medications as may be necessary or advisable by the above-named veterinarian(s) and whomever he/she may designate as his/her assistants in order to complete the procedures. I further consent to the performance of pathology and radiology services as needed, and authorize the disposal of any severed tissue or member in accordance with customary practice and procedures.

I understand that the above-named veterinarian(s) will use reasonable precautions against escape or destruction of said animal. However, it is understood by me that said veterinarian(s), Equest Investment, LLC or their employees shall not be, and are not, responsible beyond reasonable precautions for said animal. I further hold Dr(s). McClellan/Manno/James/Robertson/Bienz/Chavarria/Stripe/ Weststeyn and Equest Investments, LLC, free and harmless from and against any and all claims, demands, losses, costs, injuries, damages, and expenses in connection with or as a result of my animal's admission to Equest Diagnostic Imaging Center a division of Equest Investments, LLC, except for such damage, injuries, or costs that occur as a result of the gross negligence or intentional infliction of harm by the custodians. I have been informed that there will be no night time supervision of my horse and that there may be times when no personnel are on the premises; and, I agree to release Equest Investments, LLC from any and all liability, damages or any and all claims should my horse fall ill or become injured during the hours of non-supervision.

I consent to photographing, filming, or videotaping of the procedure(s) to be performed, including appropriate portions of the body, for medical, scientific or educational purposes, provided that the identity of the animal is not revealed by the pictures, or by descriptive texts accompanying them.

It is also understood by me, and I agree, that I shall be responsible for all costs in connection with any care and/or medical treatment of any sort of prescription(s) given to said animal and that payment shall be made by me, upon request and prior to return of said animal to my care. An estimate of fees can be provided upon request and I am encouraged to discuss any concerns I have in regards to those fees. I understand that if the balance is not paid, my account may be referred to a collection agency and I agree to assume any and all costs associated with this action.



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It is further understood by me that, upon the completion of necessary care for said animal and after ten (10) days written notice by said veterinarian(s) or Equest Investments, LLC they may, at their sole discretion, enforce their rights as a lienholder by seeking a judicial order or judgment authorizing the transfer of ownership of the animal to Equest Investments, LLC. It is also understood that failure to remove said animal will not and does not relieve me from the responsibility for and payment of all costs of the services rendered, including disposal costs, and any and all transfer fees if applicable.

I understand and agree that the above-named veterinarian(s) may disclose all or part of the patient's medical records as may be necessary to determine liability for payment and to obtain reimbursement, including to insurance companies, and as may otherwise be required or permitted by law. Information regarding this animal may also be released to the following persons (name/relationship)

_____.

I understand that if I should cancel a nuclear scintigraphy appointment with less than 24 hours' notice a cancelation fee of \$875.00 will be charged to my credit card on file. _____ (Initial)

A deposit of \$_____ is required before the above-named animal is admitted to the clinic to reserve an appointment time and will be applied to the Equest Investments, LLC charges and bills. The Equest Investments, LLC charges will be billed separately from the veterinarian(s) charges.

Insurance:

This animal is / is not (circle one) insured. Insurance Co.: _____

Policy # _____ Contact _____

Phone # _____ Mortality / Medical / Surgical (circle one)

Party responsible for payment:

Name: _____

Mailing address: _____

City: _____ Zip: _____ Phone Number: _____

Street address: _____

Cell Phone #: _____ E-mail Address: _____

Payment:

Visa /MasterCard/American Express (circle one) Card Number: _____

Expiration Date: _____ Security Code: _____

(Please contact the office directly should you wish to pay in a different method.)

I certify that I have carefully read the above authorization and understand that payment in full of the above-named veterinarian(s) charges and bills is required (unless prior authorization is received from said veterinarian) before said animal will be released. I understand and agree that any remaining balance at the time of patient check out will be charged to the card number provided.

Signed _____ Date _____



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Visitation Agreement and Guidelines

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We are committed to providing an environment that supports the health and welfare of your animal and other animals under our care. Please adhere to the following guidelines to ensure a safe environment for everyone. Our facility is available by appointment only; please contact the office prior to your arrival to ensure appropriate personnel can assist you.

General Visitation: Monday - Friday between 8:00 AM - 4:00 PM Please call ahead to schedule your visit 760-591-9952. Please check in with our clinic staff office upon your arrival.

After Hours Visitation: After 4pm daily, weekends and holidays by previous arrangement only. Please call at least 24 hours ahead to arrange after hours visitation.

Duration of visit is flexible. At certain times during your visit you may be asked to wait outside the stall or barn area to allow our technicians to perform patient treatments or tend to facility needs.

Patient care and safety of our clients is our top priority. Under no circumstances will you be permitted to enter your animal's stall if your animal has a contagious disease, a radioactive status or for any reason determined unsafe by attending staff. No chairs or sitting apparatus may be used in stalls or barn aisles. The lawn areas may be used for grazing only when deemed safe by the attending staff.

To ensure compliance with **Infectious Disease Control (IDC)** precautions and general safety, we have designated areas to walk your horse. Please speak with one of our technicians for the approved locations. For your health and the health of other clients and patients, please utilize all gloves, disinfectant foot baths and plastic booties that are in use at entrances to barns and/or stalls. Please do not pet any other patients that are in the barns or corrals.

We regard your privacy and the privacy of our other clients to be of the utmost importance. We trust that all visitors will respect the privacy of other clients by not taking photographs of horses, wandering the barns or San Dieguito Equine property, reading medical records, or obtaining any information that does not pertain to them.

We encourage all family members to visit your horse, however for safety reasons, family members under the age of 18 must be accompanied and supervised by an adult at all times. All companion animals must remain in your vehicle during visitation. Service companions are welcome. San Dieguito Equine Group is only able to facilitate overnight parking of vehicles or trailers by prior arrangement.

Horse: _____

Name (print): _____

Signature: _____

Date: _____