

Dr. Tony Rocconi

Dr. Dalton Pate



Date: _____

Horse Name _____/_____

Description of horse: Age: _____ Sex: _____ Breed: _____ Color: _____

Owner / Owner Phone Number: _____

Trainer / Barn: _____

Emergency Contact / Phone Number: _____

Person who dropped off: _____

Reason for visit: _____

Horse Insured?	
<u>YES</u>	<u>NO</u>
<p>**If the horse is insured- it is the owner's responsibility to notify the insurance company concerning anesthesia and surgery!**</p>	

5 Panel testing has it been tested for : GBED, HERDA, IMM, MH, PSSMI? NO YES :

Positive	Negative	Unknown
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HYPP: Positive *If positive, is it HH or NH ? Negative (NN) Unknown

Vaccination Record: Tetanus Vaccine WITHIN the last 6 months: YES NO

Is your horse on any daily medications or supplements? NO YES : *If yes please list:

Has this horse had any **surgeries, dentals, injections, or other procedures in the last two weeks?** NO YES: _____

**If yes, please specify what was performed and date of procedure*

I recognize that dropping this horse off gives this veterinary hospital and associated veterinarians the right to perform any emergency procedures they deem necessary before the emergency contact is contacted.

Anesthesia Release

I acknowledge that there are certain risks to anesthesia that could involve serious bodily injury or death to my horse and that these risks are present in any procedure that requires a general in intravenous anesthetic. I agree to the use of anesthesia as considered necessary and advisable by the veterinarian. After carefully reading the above, I have signed in agreement.

Signature: _____