

**LEBANON EQUINE CLINIC**  
1200 Oregonia Road  
Lebanon, OH 45036  
Phone 513-932-4181 Fax 513-932-8340  
[www.lebanonequineclinic.com](http://www.lebanonequineclinic.com)



**SURGICAL CONSENT**  
**AND FEE ESTIMATE**

**Owner Information**

Name

Farm/Barn Name

Home Address

City, State, Zip

Home Phone

Work

Cell

E-mail

**Patient Description**

Name

Registered Name

Breed

Sex

Age

Color/Markings/Identification

**Operation/Procedure**

Surgical Procedure

Surgery Date

Doctor on Case

Referring Doctor (if any)

Phone

Date of Admission

Approximate Arrival Time

Upon arrival stable horse in stall

Pre-Admission Instructions

(use back, if more space is needed)

*Lebanon Equine Clinic ...Continuing the Tradition of Excellent Veterinary Care & Service*

## Fee Estimate

<b>Surgical Procedure</b>				\$
<b>Hospitalization (per day)</b> \$ _____ x _____ days =	Standard	ICU		
<b>Laboratory</b>	Blood	Culture		
<b>Diagnostic Procedures</b>	Radiology	Ultra Sound		
<b>Anesthesia</b>	Sedation	Local	General	
<b>Pharmacy</b>	Medication	Materials	Discharge	
<b>TOTAL</b>				\$

**Payment in full is required when your horse is released.** You have been advised of estimated costs and procedures. Please feel free to discuss the proposed treatment and its cost with your veterinarian. A minimum deposit of 50% of the estimate will be required at the time of admission.

Amount of Deposit \$ \_\_\_\_\_ Payment method \_\_\_\_\_ Received by \_\_\_\_\_

**STATEMENT OF OWNERSHIP AND CONSENT:**

- I am the owner of the above described horse or have authorization from the owner to consent to its treatment and am over the age of 18.
- I hereby authorize the veterinarians at Lebanon Equine Clinic and their staff to perform necessary diagnostic, therapeutic, anesthetic, and surgical procedures necessary for my horse's treatment. I authorize any procedure in addition to or different from the above, including euthanasia to avoid unnecessary suffering by my horse.
- I accept financial responsibility for these services.
- I have read the above consent and understand why the above procedures may be necessary. I also have been told of the possible complications and alternatives to the listed procedures.
- I will not hold Lebanon Equine Clinic or its agents liable in any manner regarding the care, treatment, or safekeeping of the horse described above.

I understand that if further services are required for this horse (even if for treatment of the same condition), additional expenses will occur. Do not allow the total bill to exceed \$ \_\_\_\_\_ without my authorization.

The nature of the operation and general anesthesia, alternative methods of treatment, risks involved and possible complications have been explained to me by my veterinarian. I acknowledge that no guarantee has been made as to the results that may be obtained.

I understand that if the horse I am admitting to Lebanon Equine Clinic is covered by insurance, it is necessary for me to notify the agent or adjuster of the procedures planned for my horse. I agree that I will notify the insurer.

Signature of Owner/Agent \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_