



## ADMISSION AGREEMENT

I, the undersigned, do hereby certify that I am the owner and/or leasee of the animal identified herein and that I hereby authorize the Pilchuck Veterinary Hospital to evaluate, assess, treat and/or perform breeding procedures which are deemed necessary by the attending veterinarian.

I further authorize and certify that the nature and performance of procedures medical or surgical, identifiable alternative methods, and treatments carry certain risks and possible complications. These have been fully explained to me and are understood by me. I also recognize there are no guarantees or assurances for 100% success when dealing with fertility and infertility work in the equine field.

### PAYMENT POLICY

I (the owner or duly authorized agent thereof) agree to accept responsibility for full payment of all breeding, treatments and/or services rendered by Pilchuck Veterinary Hospital, regardless of the accuracy of the fee approximation shown.

I agree to pay a deposit of no less than 50% of the initial fee estimate when the horse is admitted to Pilchuck Veterinary Hospital. I agree to pay the balance of the fees due before the release of the horse from Pilchuck Veterinary Hospital.

If other financial arrangements are needed, I will contact the credit manager at Pilchuck Veterinary Hospital (phone 360.568.3111) prior to bringing the horse to your facility.

If it is necessary to bring an action to compel the payment of fees or costs, the undersigned shall pay all costs incurred in collection of the debt and reasonable attorney fees.

Boarding fees are payable to Pilchuck Veterinary Hospital.

The initial fee estimate is \_\_\_\_\_. You will be contacted if the charges go beyond this agreed upon amount.

### ADMITTANCE - VISITING - DISCHARGE POLICY - DROP OFF & PICK UP HOURS

I understand that no horse will be brought Pilchuck Veterinary Hospital without prior agreement as to time and date.

I understand that drop off and pick up hours are between 8:00 AM and 5:00 PM.

I understand that I may be able to visit my horse at Pilchuck Veterinary Hospital between the hours of 9:00 AM and 5:00 PM, weekdays days or by other arrangements; Saturday: 9:00 AM to 3:30 PM.

I understand that no horse will be discharged from Pilchuck Veterinary Hospital without prior agreement as to time and date.

**I hereby state that I have read and understood this authorization and release and acknowledge receipt of a copy thereof.**

**If signing as agent of the owner, the undersigned warrants that he/she has authority to bond the owner.**

**OWNER \_\_\_\_\_ DATE \_\_\_\_\_**

**AGENT \_\_\_\_\_ AUTHORITY \_\_\_\_\_**

**PATIENT**

**AUTHORIZATION & RELEASE: I acknowledge that I have been informed that fees for the treatment that may be rendered to this animal are approximate.**

\_\_\_\_\_ **Owner/Agent**