

**Wolf Creek Equine Hospital
General Admission Form**

Date: _____

Drop Off Trailer-In/Out

Legal Owner Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Cell phone _____ Email: _____

Contact Person (if other than owner): _____

Phone: _____ Email: _____

Veterinarian Name (If other than Wolf Creek Equine): _____ Phone: _____

Horse Information: Horse's Name: _____ Age/Year: _____

Mare Foal Present Stallion Gelding

Breed: _____ Color: _____ Markings/Tattoo/Brands: _____

Reason for Visit: _____

Special Needs: _____

Feed Instructions: _____

Supplies arriving with animal: _____

I authorize Wolf Creek Equine Hospital (WCEH) to perform procedures on the above 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. Despite provisions of quality medical care, some animals may develop additional disease conditions or medical/surgical complications resulting in patient death or extreme patient morbidity, sufficient to require humane euthanasia. 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 emergency diagnostic test or medical treatments related to an emergency situation. However, I authorize WCEH to administer emergency treatments considered necessary and accept the financial responsibility associated with these treatments. 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. The treatment of your animal will be performed with the commitment of providing your animal with the highest quality and most complete medical care available. While every reasonable effort to recognize and prevent these situations will be made, complications can occur. By signing this form, you understand that you release Wolf Creek Equine from all liability for hospitalization and treatment of your horse.

Owner/Agent Signature: _____ **Date:** _____