



**Leatherstocking Equine Center**  
 117 County Hwy 17, New Berlin, NY 13411  
 Tel# (607) 847-9990 Fax# (607) 847-9994  
[info@leatherstockingvet.com](mailto:info@leatherstockingvet.com)



**Horse Admission Form**

Horse Name: \_\_\_\_\_ S G M Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Referred by (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

Complaint and symptoms: \_\_\_\_\_

**Health History**

Coggins: \_\_\_\_\_ EWT: \_\_\_\_\_ Flu: \_\_\_\_\_ Rhino: \_\_\_\_\_ Rabies: \_\_\_\_\_ Strangles: \_\_\_\_\_

West Nile: \_\_\_\_\_ Other vaccines: \_\_\_\_\_ Last wormed: \_\_\_\_\_ Product: \_\_\_\_\_

Feeding instructions: \_\_\_\_\_

Does the horse have any unusual personality traits? \_\_\_\_\_

Has the horse had any surgery or health problems? Explain. \_\_\_\_\_

**SURGERY/ANESTHESIA RELEASE FORM**

I certify that I am the owner of the above animal and I do hereby consent and authorize Leatherstocking Equine Center and its staff to hospitalize my animal and to administer vaccination, medications, surgical procedure, anesthetics, or treatments that the veterinarian(s) deem necessary for the health and safety of the above animal while it is under their care and supervision.

The nature of the procedure has been explained to me and no guarantee has been made as to the results or cure. I understand that there are certain risks to anesthesia that could involve serious bodily injury or death and that these risks are present in any procedure that requires a general or intravenous anesthetic. I consent to the use of anesthesia as deemed necessary and advisable in the professional judgment of the veterinarian.

You are to use all reasonable precautions against injury, escape or death of my pet, but you will not be held liable or responsible in any manner in connection therewith as it is thoroughly understood that I assume all risks.

I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. Any estimates or charges for the planned procedures are only approximations, and the final bill may be greater or less than these amounts. **All Services Must Be Paid For When Animal Is Released.**

I understand and agree to the above terms and acknowledge that blood work may be done or fluids may be administered, depending upon my animal's age and risk factors.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## VETERINARY SERVICE AGREEMENT

Please note: By signing this document you, as the above listed owner, are forming a legal and enforceable contract with Leatherstocking Veterinary Services ("LVS"). This contract creates certain rights and obligations including, but not limited to, those described on this contract, so please read it carefully.

**Payment is required at the time of service unless prior arrangements are made.** We accept VISA, Mastercard, Discover, AMEX and CareCredit as well as cash and checks. Insurance payments for major medical claims will be sent directly to you from your insurance company, therefore you are responsible for payment to us.

### ACCOUNT INFORMATION (Required—please initial after each statement)

1. I understand that I must pay all accounts in full upon receipt of invoice and all hospital appointments must be paid before discharge.
2. I would like to sign up for EZ Pay to have my bills automatically charged to the credit card I have on file. Any time a charge is applied to your card, we will send you an invoice for your records. YES NO (Circle one)
3. If LVS has not received payment in full within 20 days of invoice for ambulatory calls and before discharge for all hospital appointments, this constitutes your consent to have your account settled by immediately charging the balance to your credit card.
4. I hereby authorize Leatherstocking Veterinary Services to provide routine and emergency care to my horse(s) in my absence or at the request of my barn management/trainer/authorized agent.
5. I authorize the use of appropriate sedation and/or other medication(s) and I understand that LVS personnel will be utilized as deemed necessary by the attending veterinarian.
6. This contract shall apply to any and all veterinary services provided by Leatherstocking Veterinary Services, including but not limited to: out-patient services, procedures, medicines and farm calls to any and all horses on your behalf, whether or not the horse(s) are listed on this form.
7. Late charges shall be applied to your account at a rate of 1.5% per month with a \$3 minimum per billing cycle for any overdue balance.
8. Should Leatherstocking Veterinary Services be forced to commence administrative and/or legal action to collect unpaid invoices:
  - a. You consent to personal jurisdiction of the courts of the State of New York.
  - b. You agree to pay all costs, expenses and reasonable attorney's fees incurred by Leatherstocking Veterinary Services that are associated with such action.
9. You understand that you must cancel or reschedule an appointment 24 hours in advance of the appointment. If you are not able to comply with this policy, a fee of \$25 may be applied to your account and you may be billed for any charges associated with any and all services or supplies completed in preparation of this appointment.
10. You represent that you are presently able to comply with the payment terms herein, and that if you should become unable to make timely payment of outstanding invoices, you will notify Leatherstocking Veterinary Services.

**\*\* UNDER THE NEW YORK EQUINE ACTIVITY LIABILITY ACT, EACH PARTICIPANT WHO ENGAGES IN AN EQUINE ACTIVITY EXPRESSLY ASSUMES THE RISKS OF ENGAGING IN AND LEGAL RESPONSIBILITY FOR INJURY, LOSS OR DAMAGE TO PERSONS OR PROPERTY RESULTING FROM THE RISK OF EQUINE ACTIVITIES.\*\***

**\*\* VETERINARY SERVICES WILL NOT BE PROVIDED WITHOUT YOUR SIGNATURE. \*\***

OWNER'S SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_