



GOULBURN VALLEY EQUINE HOSPITAL

905b Goulburn Valley Highway
Congupna VIC 3633
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CONSENT / PAYMENT FORM
MEDICINE/SURGERY

Horse: Name:..... Date of Admission:.....

Insured: (yes) (no) Insured by:..... Insurance Company notified: (yes) (no)

Owner: Name(s):.....

Billing Address:.....

Contact Numbers:(hm).....(mb).....Work:.....

Fax:..... Email:.....

Cost Estimates: The horse/foal has been admitted for (procedure)

The approximate length of stay for this case is anticipated to be.....days and the approximate cost of surgery / treatment in hospital including hospitalisation is as follows:
Daily costs \$..... Total Cost Estimate \$.....

Billing Details:

I have been given an estimation of the costs involved. I realize the estimate is an indication only and the final cost may vary. **I agree to:**

- 1. Pay 50% of the midrange estimate at admission.**
- 2. Make daily progressive payments once the bill exceeds 50% of the midrange estimate.**
- 3. I agree to pay any remaining balance of the bill at the time that the horse is discharged.**

Credit card details: Card No: _____

Name on the card:..... Expiry Date:____ / ____

Type of card..... Signature:.....

I give consent for my horse to be treated by Goulburn Valley Equine Hospital. I understand that there is a risk associated with some surgical, medical, reproductive or anaesthetic procedures despite all precautions taken to minimise such risk.

Print Name_____ Dated _____

Signed_____