



Essex Equine, Inc

96 Hudson Road, Bolton MA 01740
p: 978.779.3345 f. 978.779.3348
info@essexequine.net

Date: _____

Reason for Hospitalization: _____

I, _____ (owner), consent to the hospitalization and treatment of
_____ (patient name) by Essex Equine Inc. and employees. I will not hold
Essex Equine Inc or employees liable in the event of illness, injury or death to the above-mentioned
patient. I am fully aware of the risks associated with the treatment.

___ I agree to allow my horse to be treated without prior notice or consent. (Initial to indicate
agreement to this statement)

Signature _____
Owner/Agent

Hospital Visitation Policy:

We want to provide the best possible care for your horse and for others in our hospital. The following
visitation guidelines will help us provide the necessary care to all our patients.

1. Client may visit once a day, with the duration of visit no more than 30 minutes.
2. Visiting hours are during our hospital's normal business hours (8:00am – 4:30pm) unless other
arrangements are made in advance with the barn manager.
3. In an order to provide optimal care and service, changes in these policies may be made at the
discretion of the veterinarian(s) or technical staff in attendance and clients are required to comply with
their recommendations.

Equipment: If any equipment is left with the horse, it will be accepted with the understanding that Essex
Equine, Inc. assumes no responsibility for any loss of equipment that may occur. The following
equipment has been left with the horse:



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Hospital Admissions Information

Horse's Name:		Admission Date:	
Owner's Name:		Owner Phone:	
Veterinarian:		Discharge Date:	

Feed:	AM	Midday	PM	Night Check
Grain				
Supplements				
Medications				
Hay				
Feed notes				

Turnout	
Blanketing	
Wrapping	

Vaccination History	
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Additional Notes:

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