



# CALIFORNIA EQUINE ORTHOPEDICS

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## Authorization and Consent to Perform Professional Services

I, \_\_\_\_\_, am over 18 years of age and the owner or authorized agent of the

horse identified as: HORSE NAME: \_\_\_\_\_ BREED: \_\_\_\_\_

COLOR: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: Stallion/Gelding/Mare

authorize California Equine Orthopedics, Inc. and Dr. Martinelli, or whomever he designates as his assistants, to perform professional veterinary services, including but not limited to examinations and procedures, surgery, diagnostics and imaging, upon the animal named above. The risks and nature of all procedures have been explained to me, and no warranty or guarantee has been made as to the result or cure. These risks include the risk of bleeding, infection, pain, drug reactions, anesthesia risks and death. I am satisfied with my understanding of the possible consequences, outcomes or risks to the animal if no treatment is rendered. I understand that conditions may arise which are unforeseen at this time and that it may be necessary and advisable to perform operations and procedures different from, or in addition to, those procedures explained to me. I authorize Dr. Martinelli and consent to the performance of such additional or different procedures as are considered necessary and advisable. Should unexpected life-saving emergency treatment be required and Dr. Martinelli or his assistant is unable to reach me, Dr. Martinelli or the attending veterinarian, and Dr. Martinelli's staff has my authorization and consent to provide such treatment.

I understand that the animal is under the care of Dr. Martinelli and the animal will be boarded at Twin Oaks Farms while undergoing the procedures. I further understand that it is the responsibility of TWIN OAKS FARMS and its staff to carry out the instructions of Dr. Martinelli and his assistants. I understand that TWIN OAKS FARMS and its employees (and Dr. Martinelli when the animal is under his or his assistant's direct control) will use reasonable precautions against escape or destruction of said animal. However, it is understood by me that TWIN OAKS FARMS, its employees and Dr. Martinelli shall not be, and are not, responsible beyond such reasonable precautions for the animal.

I consent to the administration of medications as may be necessary or advisable by Dr. Martinelli and whomever he designates as his assistant in order to complete the procedures. I further consent to the performance of pathology and radiology services as needed, and authorize the disposal of any severed tissue or member in accordance with customary practice and procedures.

I consent to photographing, filming or videotaping of the operations and/or procedures to be performed, including appropriate portions of the body, for medical, scientific or educational purposes, provided that the identity of the animal is not revealed by the pictures or descriptive texts accompanying them.

I understand and agree that Dr. Martinelli may disclose all or part of the animal's medical records as may be necessary to determine liability for payment and to obtain reimbursement, including to insurance companies, and as may otherwise be require. I understand and agree that I will be responsible for costs in connection with any care and/or medical treatment, including prescriptions given to the animal and payment shall be made upon request and prior to the return of the animal in my care. I understand that I will be billed separately for the board and care performed by TWIN OAKS FARMS. I understand that if the bill is not paid to Dr. Martinelli, he will assert any legal remedies available to him, including but not limited to transferring the ownership of the horse to him.

*This agreement will be construed and enforced in accordance with the laws of the State of California. This agreement contains the entire agreement between the parties relating to the transactions contemplated hereby and all prior or contemporaneous agreements, understandings, representations and statements, oral or written, are merged into this agreement. All terms of this agreement will be binding upon and inure to the benefit of the parties and their respective administrators or executors, successors and assigns.*

This animal is/is not insured. If insured:

COMPANY \_\_\_\_\_ POLICYNO: \_\_\_\_\_ COVERAGE: mortality/medical/surgical

I have carefully read the above authorizations, consents and agreements. Further, I authorize any and all balances on my bill be charged to the credit card number provided.

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

METHOD OF PAYMENT: Visa/MC/check CARD # \_\_\_\_\_ EXP \_\_\_\_\_ SEC CODE \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please fill out and fax back to 760-557-1499