

NCSU College of Veterinary Medicine
Equine Health Center at Southern Pines
6045 US #1 North
Southern Pines, North Carolina 28387
Phone: 910-692-8773 Fax: 910-692-1860

INFORMED CONSENT

Client Name: _____

Address: _____

Phone: _____ Fax: _____

Animal Name: _____ Age: _____ Color: _____

Sex: _____ Breed: _____

In order for the Equine Health Center at Southern Pines (EHC-SP) to perform an evaluation and treatment, it will be necessary to quarantine _____. The purpose of this form is to ensure that you understand everything associated with the quarantine. **You are encouraged to ask questions until you are satisfied with the answers, both medical and financial.** If you do not agree with the statements, you may want to consider an alternative location.

1. I understand that the word “**quarantine**” means that the animal cannot leave the facility or its assigned quarantine area without approval from the supervising federal veterinarian even in the event of a life threatening surgical or medical condition. For this reason it is recommended that you insure the animal for it’s appropriate value.
2. I understand that complications can occur in spite of the best management, safety practices and care.
3. I have been informed of and have discussed with the administrator the typical risks and potential complications associated the proposed testing and treatment procedures. All my questions have been answered to my satisfaction.
4. I have been informed that sedation may be administered for sample collection, diagnostic or treatment procedures. I understand the risk of injury or death associated with sedation. Risk is greatest in large or medically compromised patients.
5. I have been informed that the initial cost estimate for the proposed diagnostic and treatment procedures is \$_____. I agree to forward a non-refundable deposit of \$1,000 at this time. I agree to pay the balance of the cost in full upon release of my animal or at such other time, as EHC-SP is no longer providing services for my animal.

6. I understand that, as the management of this case develops, additional treatment or course of action may be required and the cost may exceed the original estimate. I will be contacted at that time to authorize those changes and the additional charges associated with them, or to discontinue treatment and retrieve my animal (if allowed by USDA).
7. I consent for NCSU College of Veterinary Medicine personnel to perform any emergency medical procedures they deem appropriate, and will pay for such procedures. The College of Veterinary Medicine will make a good faith effort to notify me as soon as practicable and to obtain advance consent where feasible.
8. I understand that I have an appointment for my animal for quarantine. If my animal does not arrive on the scheduled day, I understand that I may lose my appointment and have to reschedule my animal's quarantine.
9. I consent to allow all testing and related services to be performed by qualified individuals employed by or representing the NCSU, College of Veterinary Medicine, the North Carolina Department of Agriculture Veterinary Division, and the United States Department of Agriculture Animal and Plant Health Inspection Service.
10. **I agree to indemnify and hold harmless the University, its trustees, officers, employees, and agents, including EHC-SP, for any liability, damage, and costs in connection with this contract, except for damage caused solely by the negligence of EHC-SP or its agents. This indemnification includes, but is not limited to, property damage caused by Owner or his animals, and injury, illness, or death of persons at the University caused by Owner or his animals, and injury, illness, or death of animals at the University caused by Owner or his animals.**
11. During the entire period the horse is in the care or custody of EHC-SP, the College of Veterinary medicine, or its agents, I shall sign the **CEM Waiver** or obtain, pay for, and keep in force an insurance policy under the following terms:
 - 11.1 Coverage for all risk of mortality with limits covering the full appraised value of the horse including theft, vandalism and malicious mischief and loss of use;
 - 11.2 I shall furnish to EHC-SP certificates evidencing that such insurance is in effect and providing that the carrier shall give the Owner and EHC-SP at least 10 days written notice of any material changes in or cancellation of such insurance.
 - 11.3 I shall bear the total expense of insurance required under this Agreement.
 - 11.4 All above mentioned insurance coverage must be obtained from a company duly licensed to do business in the State of North Carolina.

I have read and fully understand all of the above. On the basis of the stated information, I consent to allow the EHC-SP to quarantine and to perform such services on my animal, and I agree to be responsible for the costs associated with all authorized services and treatment.

Owner/Authorized Agent/Representative Signature Print Name Date

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Client Quarantine Waiver

Client Name: _____

Address: _____

Phone: _____ Fax: _____

Animal Name: _____ Age: _____ Color: _____

Sex: _____ Breed: _____

1. I _____ understand that my horse _____ is being treated and cared for under the Equine Health Center at Southern Pines (EHC-SP) Quarantine Program in accordance with regulations established by the United States Department of Agriculture (USDA) for importing and processing horses entering the country. Based on these regulations, my horse cannot be transferred to another facility including a medical care facility such as the NC State University Veterinary Teaching Hospital without the permission of the designated USDA veterinarian.
2. I understand that should my horse become ill or injured and require services not provided at EHC-SP and the staff of EHC-SP is unable to obtain permission from the designated USDA veterinarian to transport my horse to an appropriate treatment facility, then I agree to indemnify and hold harmless the University, its trustees, officers, employees, and agents even if the outcome is the death of my horse.
3. I understand that the staff of the EHC-SP will make every effort to provide for the medical care of my horse but that they are bound by the regulations established by the USDA.
4. I acknowledge that EHC-SP recommends that I purchase insurance to provide coverage for all risk of mortality with limits covering the full appraised values of the horse including theft, vandalism and malicious mischief and loss of use.
5. I hereby agree to assume responsibility for all risks of loss arising from placement of my horse with the EHC-SP. I agree to release North Carolina State University, its officers, employees, and agents, and its units including EHC-SP, from liability for any loss associated with the placement of my horse with EHC-SP. This assumption of risk and liability release includes release of liability for damages or loss arising from negligence of EHC-SP or other NC State University employees or agents. I agree to release them from liability in lieu of purchasing insurance as recommended by EHC-SP, and in consideration for the services to be provided by EHC-SP. ***I have read and fully understand the above.***

Owner/Authorized Agent/Representative Signature Print Name

Date