



Rogue Valley Equine Hospital
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Foaling Contract

Rogue Valley Equine Reproduction Center

Owner _____ Date _____
 Patient _____ Age _____ Breed _____
 Last Breeding Date _____ Projected Foaling Date _____

Date of last vaccinations:

Influenza: _____ Rhino: _____ Tetanus: _____ PHF: _____ West Nile: _____
 Eastern & Western Encephalomyelitis: _____ Strangles: _____ Worming: _____

I, the undersigned, do hereby certify I am the owner or leasee of the animal identified herein and I hereby authorize the ROGUE VALLEY EQUINE HOSPITAL to evaluate, assess, treat and perform procedures which are deemed necessary by the attending veterinarian. I authorize reasonable urgent medical procedures as deemed necessary in the event of an emergency.

The foaling fee of \$695 includes: 24 hour monitoring service, monitoring with Video and "Foal Alert" systems, milk test monitoring to detect impending foaling, attending veterinarian and veterinary assistant and new foal exam with CBC, Fibrinogen, and IgG. Board will be an additional \$25 a day prior to foaling and \$53 a day after foaling. If emergency services are needed they will be billed as an additional expense: Anesthesia assisted delivery with hoist, cesarean section.

Payment Policy

All foaling fees are due at the time of admission. I (the owner or duly authorized agent thereof) agree to accept responsibility for full payment of all foaling services rendered by RVEH.

I agree to pay the balance of the fees due before the release of the horse from RVEH Reproduction Center. If it is necessary to bring an action to compel the payment of fees or costs, the undersigned shall pay all costs incurred in collection of the debt and reasonable attorney fees.

Admittance – Visiting – Discharge Policy

I understand no horse will be brought to RVEH Reproduction Center without prior agreement as to time and date. All horses entering the reproduction center will be current on vaccinations and de-worming. All horses not current on vaccinations and de-worming will be brought up to date and the owner will be charged.

I understand I may be able to visit my horse at RVEH Reproduction Center between the hours of 10:00 A.M. and 4:00 P.M. Monday – Friday, by appointment only. I understand no horse will be discharged from RVEH Reproduction Center without prior agreement as to time and date.

I hereby state I have read and understood this authorization and release and acknowledge receipt of a copy thereof. By signing as agent of the owner, the undersigned warrants he/she has authority to bond the owner.

AUTHORIZATION & RELEASE: I acknowledge I have been informed the fee for treatment that may be rendered to this animal is approximate.

_____ Owner/Agent