Equine Aqua Spa Center

# Intake Waiver Form

**Client Name:** _____

**Patient/Horse Name:** _____

**Breed:** _____ **Color:** _____

**Sex** (Circle): ☐ Stallion | ☐ Mare | ☐ Gelding **Age:** _____

**Client Address:** _____

**Phone:** _____ **Email:** _____

**Primary Vet:** _____

**Primary Vet Phone:** _____ **Primary Vet Fax:** _____

**Waiver**

*I understand that the services provided are not at the discretion of a veterinary diagnosis, unless the patient has a direct veterinary referral. I also understand there is always risk when operating these services and even greater risks when the animal behavior is not conducive to the activity. I agree that if the threatening animal behavior results in any form of injury to itself that the Equine Aqua Spa Center is not responsible. Equine Aqua Spa Center has the authority to terminate any service at any point in time for the safety of staff and the animals. I agree that the Equine Aqua Spa Center can refuse services at any time to any client if they feel that the animal visibly must undergo a veterinary examination or that authoritative personnel feels it unsafe to the animal. I understand that payment for services is immediate and after services are carried out. I agree to allow staff to dispense all listed medications and supplementations when the animal is boarding overnight. Finally, I understand that Equine Aqua Spa Center is not responsible for any equestrian activities that result in an accident during arena rental use.*

**Client/Owner/Trainer:** _____ **Date:** _____