Lodi Veterinary Care Licensed USDA CEM Quarantine Facility

W11604 County Road J, Lodi, WI 53555 Farm 705 N Main Street, Lodi, WI 53555 Office Tel: (608) 592-7755

equinestaff@lodivet.com

Owner Name:	
Address:	
	
Phone:Email:	
Horse Name:	
Sex: If mare, is she in foal?	; or a foal at side?
Age: Color: Microc	hip:
listed in accordance with state and federal regulation quarantine period of the horse. This includes daily mandated CEM quarantine protocols. The contract Any and all extraneous veterinary work, including the state of the stat	board, turnout, and all costs associated with USDA to price is for standard CEM quarantine protocol only but not limited to, an extended quarantine period, as necessary), or emergency services are not included to the Owner. The Owner agrees to pay for all uarantine. The Owner understands that
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Insurance Company: Phone number: Policy Number: Coverage includes:	

Release of Liability/Indemnification

Owner assumes all liability for any injury, loss or damage to Lodi Veterinary Care staff, facilities or equipment caused by the Horse. Owner shall indemnify and hold harmless Lodi Veterinary Care, its owners, agents, officers, directors and employees from any and all liability, lawsuits, demands, losses or damages of any nature caused by the Horse to any individual or property, including attorney's fees incurred by Lodi Veterinary Care in connection with any claim, threatened claim or action. This indemnification includes, but is not limited to, property damage caused by Owner or the Horse, and injury, illness, or death of person or animals at the guarantine facility caused by Owner or the Horse.

Payment Policy

Owner agrees to pay for all services provided to the Horse at the time the Horse is released from quarantine. Payment may be made by cash, check, or credit card. The Owner may request an itemized invoice to be emailed to them prior to payment being made. The Owner will receive a copy of the paid invoice for their records.

Owner agrees that by signing this document, he/she has read, understood and agreed to allow Lodi Veterinary Care to quarantine and perform such services on the Horse, as well as accepts full responsibility for the costs associated with all services and treatments.

Owner Signature:	Date:	_
Owner Name (Print):		