

To Our Valued Client:

As many of you utilize farm managers, trainers and others to request work for the care or treatment of your horse(s) it is important that we have, on file, your written permission to provide work requested by these third parties. In an effort to prevent misunderstandings or confusion and to clarify who has permission to act on your behalf and prevent billing errors, we ask that you please complete the form below and return it to our office. Please feel free to contact our office with any questions or concerns. We cannot honor verbal directions and must have your permission in writing.

Client Name: _____ Client ID: _____

Phone: _____ Email: _____

Name(s) and Location of Horse(s): _____

Individuals permitted to call in for appointments and request/authorize non-emergency care:

May we provide care to your horse if we are not able to contact you? _____

Would you like to place a financial limit on work we may perform until we are able to contact you? Yes No

If yes, please specify amount (*minimum \$500*) _____

Would you like to restrict permission in emergency situations? Yes No

If yes, please describe: Surgical Referral _____ Admission to hospital _____

Emergency Euthanasia _____ Other (*please describe*) _____

By granting such permission you agree that you will be financially responsible for work performed at the request of the individuals listed above and at the recommendation of the veterinarian.

Signature: _____ Date: _____