

COUNTRY VIEW EQUINE CLINIC

PERMISSION TO TREAT/VETERINARIAN AUTHORIZATION FORM

Client Name: _____

Client Address: _____

Client Phone: _____

Horse(s): _____

*******If multiple horses are listed, they have same permissions. If different permissions apply to different horses, please fill a form out for each individual horse.*******

In the event that I am **unable to be reached**, my emergency contact and/or Country View Equine Clinic have my permission to make decisions regarding treatment/euthanasia for my horses **within the constraints listed below**. I authorize you, Country View Equine Clinic, to treat my horse in a manner that is best suited to my horse's condition and I state that I will be fully responsible for all fees and charges and will pay for all charges incurred on my behalf upon my return (within the constraints listed below).

Emergency Contact Name/Phone Number: _____

Secondary Emergency Contact Name/Phone Number: _____

I authorize treatments on my horse up to, but not exceeding \$_____.

My horse can be hauled to a separate location for care. I understand I will be responsible for the cost of transportation:

Yes: _____ No: _____

My horse can be sent for emergency surgery:

Yes: _____ if yes, referral clinic of choice: _____ No: _____

I approve surgery costs up to, but not exceeding \$_____.

(This is **in addition** to what Country View Equine Clinic is authorized to use on treatments. If yes, please be aware that separate payment arrangements and consent must also be given to your referral clinic)

My horse can be euthanized (put down) if the veterinarian determines it is in the horse's best interest:

Yes: _____ No: _____

Additional Instructions/Permissions:

Signature of Client: _____ Date: _____

Please fill out/sign form and return to Country View Equine Clinic. A copy will be e-mailed to you.