



**Veterinary Treatment Authorization and Release**

I, the owner of the following horse(s) \_\_\_\_\_, or any other horse(s) I may own in the future hereby consent to the provision of veterinary services when such services are needed for my horse.

In the event of a medical emergency Longbranch Equestrian Center, LLC is authorized to contact the Farm Veterinarian (Homestead Veterinary Service) or the Veterinarian of my choosing listed below, or if unavailable, another licensed veterinarian to evaluate the condition of my horse.

Name of Practice: \_\_\_\_\_

Phone: \_\_\_\_\_

In the event I cannot be contacted, I hereby authorize \_\_\_\_\_ (name of agent) to act as my agent(s) and consent to care as needed in his or her judgment. I agree to pay the fees for these veterinary services within 30 days of receiving the billing statement.

*Agent Contact Information - Phone:* \_\_\_\_\_ *Cell:* \_\_\_\_\_

If I or my agent can not be reached, I hereby authorize, The Farm Veterinarian (Homestead Veterinary Service) or other licensed veterinarian is authorized to: (choose one)

- 1. Treat my horse based on his/her professional judgment
- Or
- 2. Treat my horse within the parameters outlined by my instructions (see specific instructions on file).

I release the Longbranch Equestrian Center (its owners, operators, agents and employees), the Farm Veterinarian (Homestead Veterinary Service) or any other licensed veterinarian from any and all liability in the treatment of my horse in my absence.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Longbranch Equestrian Center Agent

\_\_\_\_\_  
Date