

Authorization for Veterinary Services

Horse Owner: \_\_\_\_\_

Caretaker: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Horse's Name \_\_\_\_\_

Breed/Markings/Age \_\_\_\_\_

Boarding Facility \_\_\_\_\_

Expected Dates of Absence \_\_\_\_\_

In my absence, I authorize the above caretaker to act in my and the above horse's best interest. Should an injury or illness occur to my horse (above) that requires veterinary care during my absence, I authorize the caretaker to act as my agent in procuring veterinary care with fees not to exceed \$\_\_\_\_\_. I agree to pay the fees for such professional veterinary services as soon as possible after I return and, in the absence of gross negligence, will not hold the caretaker liable for injuries or illnesses, suffered by my horse or any fees for veterinary services incurred on their behalf.

I hereby authorize the caretaker named above to seek veterinary services from the facility listed below in order to provide essential medical or surgical services without my consent. In my absence, I do\_\_\_\_\_ I do not\_\_\_\_\_ (initial one) authorize intensive medical care efforts for my pet.

The veterinary practice of my choice is:

**Kern Road Veterinary Clinic**  
**105 Fowlerville Rd**  
**Fowlerville, MI 48836**  
**517-223-9618.**

Please contact them in case of any medical attention needed. They have an on-call equine veterinarian available 24/7. In the event that the attending veterinarian determines that my horse is suffering and/or incurable injured, I give my consent\_\_\_\_\_ I do not give my consent\_\_\_\_\_ (initial one) for euthanasia.

Signature of Owner \_\_\_\_\_

Date \_\_\_\_\_

Signature of Caretaker \_\_\_\_\_

Date \_\_\_\_\_