Veterinary Treatment Authorization and Release

In the event of a medical emergency involving my horse, if I can not be contacted, I authorize the following for _____
Name of Horse(s)

The Farm is to contact the Farm Veterinarian (Virginia Equine Clinic) or, if unavailable, another licensed veterinarian to evaluate the condition of my horse. YES NO

If no, I realize that the absence and/or delay of emergency veterinary treatment may result in the deterioration of my horse's medical condition; deterioration that could possible lead to death. If such deterioration and/or death occurs, I release the Farm (its owners, operators, agents, and employees) from any and all liability.

If yes, the Farm Veterinarian (Virginia Equine Clinic) 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 notarized instructions on file).

I release the Farm (its owners, operators, agents and employees), the Farm Veterinarian (Virginia Equine Clinic) or any other licensed veterinarian from any and all liability in the treatment of my horse in my absence.

_____
Owner Date

_____
Garlands Date