



**Veterinary Treatment Authorization and Release**

In the event of a medical emergency involving my horse, if I cannot 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 possibly 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 \_\_\_\_\_



## VIRGINIA EQUINE PLLC

Douglas K. Daniels, DVM Heather D. Caplan, DVM  
Sarah J. Waxman, DVM

### Bank Card Authorization

I hereby authorize Virginia Equine PLLC to charge my bank card for all charges for veterinary services and products provided on my behalf for my horse/s under the care of Tommy Garland Enterprises. I understand and agree that Virginia Equine PLLC provides veterinary care at the direction of Tommy Garland and/or employees of Tommy Garland Enterprises in my absence. I understand that my bank card will be charged for each invoice for services/products provided unless alternate payment arrangements have been prior to the date of service. I understand and agree that if my bank card is not honored by my bank, my horses will receive no additional care from Virginia Equine PLLC until the previous invoice is paid. Additionally, I understand and agree that any unpaid balance due will be subject to a finance charge of 2% each month (24%APR) which will be applied on or about the last day of each month. I agree to pay any such accumulated finance charges. I understand that it is my responsibility to update my bank card information with Virginia Equine PLLC. I agree to pay all court costs and collection fees for any invoice not paid with 90 days of the date of service.

\_\_\_\_\_  
Bank Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Security Code (on back)

\_\_\_\_\_  
Signature

**THIS FORM MUST ACCOMPANY THE VET RELEASE FORM**