

AUTHORIZATION TO PROVIDE VETERINARY SERVICE

Thank you for requesting Coastal Equine Veterinary Service to provide veterinary treatment/consultation for your horse. In order to provide services, we require one of the following:

1. **The legal owner must call and request any and all treatment for their horse(s)**
- OR**
2. **Written authorization for a barn manager or individual other than the owner to request treatment (on both a routine and emergency basis)**

If your horse is stabled at a boarding facility, someone else's barn or if you are going out of town and want someone else to take care of your horse(s), please list the type of treatment you would like for us to pursue if requested by anyone other than yourself (check one)

Routine Care _____ Emergency Care _____ Both _____

Name of Barn/Boarding Stable _____ Phone: _____

Person(s) authorized to request care on your behalf:

Name:	Phone:
_____	_____
_____	_____

Horse's Name(s): Please list your horse's show name as well as barn name

***IMPORTANT: We will be unable to provide any service without your expressed knowledge and permission. Further understand that by granting this permission, you are consenting to payment of the bill for services rendered at the request of any authorized individual. I authorize treatment up to a dollar amount of _____ Unlimited _____ (Please check one)**

Your Name (printed)

Signature

Date