

CARLISLE EQUINE CLINIC
Holly J. Wendell, DVM
25 Shady Lane • Carlisle, PA 17013
717.249.3500
laura@CarlisleEquineClinic.com

Emergency Authorization Form

I hereby give authority to _____ to order and approve emergency medical treatment for the listed horse, in the event I am not available and/or cannot be reached. I understand treatment may be done by a vet other than the vet listed as my regular vet, based on availability.

OWNER INFORMATION

Name(s): _____

Address: _____

Town: _____ Zip: _____

Phones / Cell: _____ Day: _____ Eve: _____

HORSE INFORMATION

Barn Name: _____

Reg. Name: _____

Breed: _____ Gender: _____ Age: _____ Ht: _____

By signing below I certify that I am the owner of the above horse and agree/promise to pay all medical expenses for the above horse to the appropriate parties.

PRINT: Name of owner

Signature of owner

Date

Preventive Medicine Authorization

By signing below I am releasing authority to _____ to order and approve preventive medicine (vaccines, dentistry) for the horse listed above, in the event I am not available and/or cannot be reached. I certify that I am the owner of the above horse and agree/promise to pay all medical expenses for the above horse to the appropriate parties.

PRINT: Name of owner

Signature of owner

Date