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Consent for Routine Veterinary Care
****Please Keep a Copy With Your Horse****

I, _____, the owner of the following horse

_____ hereby consent to routine veterinary services by **Foundation Equine** when such services are needed by my horse.

In the event that I am unavailable, I authorize _____ to act as my agent. I agree to pay the fees for these veterinary services within 30 days after receiving the billing statement.

Signature of Owner _____
Date

Consent to Refer Case to Specialist

In case of an emergency, where the injury or illness of my horse is so serious that it requires referral to a specialist, I authorize the attending veterinarian to refer my horse for further care to one of the following: (indicate your choice)

- a) The _____ (practice name) referral clinic
- b) The referral hospital of the attending veterinarian's choice
- c) The referral hospital selected by my designated agent
- d) I do not approve of referral seeking emergency care

This horse (is) (is not) insured. Agency name and phone number _____

Signature of Owner or Agent _____
Date

It is very important to keep a signed copy at the barn where your horse is stabled. Please also send a copy to our office to keep with your records.