



Equine Medical Release Form

AUTHORIZATION FOR MEDICAL TREATMENT

In the event of a veterinary emergency involving your horse in your absence, and your horse is under the care of **Roy-El Farm**, every effort will be made to contact you regarding your horse's medical condition. However, sometimes situations occur when you, as the owner, may not be available and decisions regarding the treatment of your horse need to be made in a timely manner. This form will be used as a **GUIDELINE** for treatment.

I/We, _____, as the owner of the horse(s) known as: _____, and stabled at **Roy-El Farm**, do give permission for veterinarians to perform veterinary treatment in my absence.

In the event I am unreachable, I authorize the following individual(s) to make needed medical decisions:

Representative Name: _____

Phone Number: _____

I/We authorize services/care/medications up to a monetary limit of \$_____ per horse.

I assume full responsibility for payment for ALL veterinary services rendered. (please initial) _____

I have a credit card on file with Reata Equine Hospital, Restoration Ranch (Dr. Caitlin Dobecka, DVM) and Weatherford Equine and authorize them to charge my card if required.

YES _____ NO _____ (initial) _____

*If no, you must call the office to place a card on file. This form is only valid with an active card on file.

My horse is insured: YES _____ NO _____ (initial) _____

If insured, policy information: _____

If surgery is required (e.g., colic), do you authorize surgery?

YES _____ NO _____ (initial) _____

If surgery is viable AND the horse is insured, surgery must be performed by a Board-Certified Surgeon.

If veterinarians determine your horse cannot be saved due to medical severity or financial restrictions, I authorize humane euthanasia.

If you do NOT authorize **Roy-El Farm** to make this decision, initial here: _____

Printed Name: _____

Signature: _____

Every effort will be made to contact you in an emergency. If you will be out of town, please update phone numbers with **Roy-El Farm** and the veterinary clinics.

Additional comments/instructions: _____

I authorize this form to be valid for treatment of ANY horses I currently own or acquire in the future.

Owner Name: _____

Owner Signature: _____

Date: _____

Note: Print and sign 3 copies — one for Roy-El Farm, one for Reata Equine, and one for Weatherford Equine.