



## AUTHORIZATION FOR MEDICAL TREATMENT

The undersigned owner or authorized agent of the horse(s) named \_\_\_\_\_ hereby authorizes a Sierra Equine licensed veterinarian, and whoever may be designated as his assistants, to administer such treatments and to perform such procedures as are considered therapeutically or diagnostically necessary for the care of said animal, including administration of anesthesia.

In the event that emergency treatment is required, I authorize the Sierra Equine veterinary staff and their assistants to perform medical and surgical treatments necessary to preserve the life of the patient until either myself or authorized agent can be contacted for further authorization.

I understand that no guarantee of successful treatment is made. I accept financial responsibility for the treatment of the above-named patient, and I understand that payment in full is due upon release of the patient, or when service is otherwise terminated. I understand that I am entitled to an estimate and/or review of charges at my request.

I certify that I have read and fully understand this authorization for medical treatment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please state who has permission to request treatment in your absence. In the event you are out of town, we need an authorization on file.

I authorize \_\_\_\_\_ at \_\_\_\_\_  
(Authorized agent) (Stable name/neighbor)

to request veterinary services for my horse(s) \_\_\_\_\_

\_\_\_\_\_

up to the amount of \$ \_\_\_\_\_ (Please indicate max authorization.)