

BELVEDERE FARM LLC

2900 Rome Highway Cedartown, GA 30125 • 770-748-7577

Veterinary Treatment Authorization and Release

In the event of a medical emergency involving my horse, if I can not be contacted, I authorize the

following for _____.
Name of Horse

The farm is to contact the farm veterinarian (Countryside Equine Veterinary Service) or, if unavailable, another licensed veterinarian to evaluate the condition of my horse.

YES NO

If no, I realize that the absence and/or delay of emergency veterinary treatment may result in the deterioration of my horse's medical condition, deterioration that could possibly lead to death. If such deterioration and/or death occur, I release the farm (its owners, agents, and employees) from any and all liability.

If yes, the farm veterinarian (Countryside Equine Veterinary Service) or other licensed veterinarian is authorized to:

1. Treat my horse based on his/her professional judgment.

Or

**2. Treat my horse within the parameters outlined by my instructions.
(see specific notarized instructions)**

I release the farm (its owners, operators, agents and employees), the farm veterinarian (Countryside Equine Veterinary Service) or any other licensed veterinarian from any and all liability in the treatment of my horse in my absence.

Owner

Date _____

Farm: Belvidere Farm, LLC

Date _____