

**The Oaks Veterinary Clinic Equine & Farm Services**

**14204 Bennis Church Blvd.**

**Smithfield, VA 23430**

**(757) 365-4887**

**888-365-4887**

**equine@oaksveterinaryclinic.com**

**AUTHORIZATION TO PROVIDE VETERINARY SERVICE**

Thank you for requesting The Oaks Veterinary Clinic Equine & Farm Services to provide veterinary treatment / consultation for your horse(s).

**We will be unable to provide services to a horse without one of the following:**

- 1. The legal owner must call and request any and all treatment for their horse(s).**
- 2. Written authorization for a Barn Manager or individual other than the owner to request treatment (on both routine and emergency basis).**

If your horse is stabled at a boarding facility, someone else's barn or if you are going out of town and want someone else to take care of your horse(s), please list the type of treatment you would like for us to pursue if requested by anyone other than yourself (check one). **Limit on expenses** \_\_\_\_\_

Routine Care \_\_\_\_\_ Emergency \_\_\_\_\_ Euthanasia \_\_\_\_\_

Name of person(s) and / or barn authorized to request treatment:

\_\_\_\_\_

\_\_\_\_\_

This authorization remains in effect indefinitely or until we are notified of any changes. **It is each individual's responsibility to alert The Oaks Veterinary Clinic Equine & Farm Services of any changes to this authorization.**

Horse Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (if you are under the age of 18, please list your parent or legal guardian)

Please list your horse's show name and your horse's barn name if applicable.

\_\_\_\_\_

\_\_\_\_\_

**\*\*\*PLEASE NOTE: We will be unable to provide any service without your expressed knowledge and permission. Further understand that by granting this permission, you are consenting to payment of the bill for services rendered at the request of any authorized individual. Your account must be in good standing or have a Credit Card on file.**

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