



Respite Farm

PO Box 354, Montpelier, VA 23192
(804) 763-3623 Cell www.LauraBerne.com

Veterinary Treatment Authorization and Release

In the event of a medical emergency involving my horse, if I cannot be contacted, I authorize the following for _____.
(Name of Horse)

Laura Berne is to contact the Farm Veterinarian or, if unavailable, another licensed veterinarian to evaluate the condition of my horse.

YES, I AUTHORIZE TREATMENT.

NO, I DO NOT AUTHORIZE TREATMENT.

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 possible lead to death. If such deterioration and/or death occurs, I release **Laura Berne, Robert Johnsen and Respite Farm** (its owners, operators, agents, and employees) from any and all liability.

If YES, the Farm Veterinarian or other licensed veterinarian is authorized to:
(choose one and initial)

_____ 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 on file).

I release **Laura Berne, Robert Johnsen and Respite Farm** (its owners, operators, agents and employees), the Farm Veterinarian or any other licensed veterinarian from any and all liability in the treatment of my horse in my absence.

Owner – Print Name

Owner - Signature

Phone

Date