



### Authorization for treatment

During my absence from \_\_\_\_\_ to \_\_\_\_\_ I authorize  
\_\_\_\_\_ to make decisions regarding the medical treatment for  
my horse(s) \_\_\_\_\_.

Horses Name

He/She can be reached at the following numbers: \_\_\_\_\_,  
\_\_\_\_\_.

I do/ do not authorize shipping the horse to a referral hospital for further treatment. (circle one)  
I do/do not authorize emergency colic surgery. (circle one)

Should my horse require transportation, please contact \_\_\_\_\_ at  
\_\_\_\_\_.

During my absence I can be reached at the following telephone numbers:

\_\_\_\_\_

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

date

\_\_\_\_\_

Witness

\_\_\_\_\_

date