



AUTHORIZED AGENT POLICY

Incidents may occur where you, the owner, will not be available to authorize veterinary care. In some cases, these may be emergency situations where only the barn manager, barn owner, or trainer is present. Mountain Pointe Equine Veterinary Services will not diagnose, treat, or otherwise provide medical services to your animal without appropriate authorization.

Please fill out the information below (and update as needed) for any individual(s) you authorize to make decisions for your animals.

Horse Barn Name: _____ Registered Name: _____

DOB/Age: _____ Breed: _____ Color: _____

Gender (select one): Mare Gelding Stallion

I authorize the agent below to make medical decisions, schedule appointments (emergency and routine), and order medication(s) for the above described horse(s) and understand that I will be invoiced for these items.

Authorized Individual: _____

Emergency Contact Information: _____

Relation to Horse Owner (select one): Barn Manager Trainer Spouse Friend

Other: _____

Additional Info/Special Instructions: _____

Horse Owner's Name: _____

Signature: _____ Date: _____