HORIZON EQUINE Veterinary Clinic

1625 Angus Campbell Road
Abbotsford BC V3G 2G4
604-826-5089
care@horizonequine.ca

ADMISSION & AUTHORIZATION

Leasing Owner

OWNER

Name

Phone

Address

Email

LESSEE

Name

Phone

Address

Email

HORSE

Name

Age

Sex

Breed

Colour

AUTHORIZATION

Owner or agent name

I am the owner, or agent for the owner, of the horse described above and have the authority to sign this consent. I consent to and authorize the lessee named above to (initial each that applies):

	Initials
Schedule and attend farm and in-clinic appointments, including procedures using standing sedation.	
Receive communications about appointments and health care.	
Receive, and be responsible for payment in full of, all invoices and charges for veterinary care.	
Book non-routine appointments, including minor surgery using general anesthesia.	
Have access to the horse's past medical records.	
Consent to euthanasia in an emergency.	

Other

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RESPONSIBILITIES

Owner: I certify that I, the owner, keep ultimate financial responsibility for the veterinary care of the horse described above for the duration of the lease agreement, including any unpaid veterinary services generated by the lessee.

Owner initials

Owner and lessee: The owner and/or the lessee must inform Horizon Equine Veterinary Clinic Ltd. of any changes to, or termination of, this agreement. Written notice to Horizon Equine Veterinary Clinic Ltd. by either party is required to cancel the terms of this document.

Initials

Lessee: I accept the responsibilities and limitations set out in this document.

Lessee initials

OWNER

Owner/agent name	Owner/agent signature	Date
	Sign or draw here	

LESSEE

Lessee name	Lessee signature	Date
	Sign or draw here	