

ADMISSION & AUTHORIZATION FOR LEASING-OWNER

Client Information

Name: _____

Phone: _____

Email: _____

Address: _____

Lessee Information

Name: _____

Phone: _____

Email: _____

Address: _____

Patient Information:

Name _____ Age: _____ Sex: _____

Breed: _____ Color: _____

I _____ am the OWNER or AGENT for the owner of the above described horse and have the authority to execute this consent. I hereby consent and authorize the above named Lessee to:

_____ Schedule and attend both on farm and in-clinic appointments including procedures using standing sedation Receive communications regarding appointments and healthcare

_____ Receive and have responsibility 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 past medical record history Consent for euthanasia in an emergency situation

_____ Other



604.826.5089
24/7 Emergency Care
care@horizonequine.ca

_____ **OWNER:** I certify that I, the owner, am maintaining ultimate financial responsibility for the veterinary care of the above-described animal the duration of the lease agreement including any unpaid veterinary services generated by the leaser of the horse.

_____ **BOTH OWNER & LEASER:** It is the responsibility of the owner and/or the Lessee to inform Horizon Equine Veterinary Clinic Ltd., of any changes to or termination of this agreement. Notification in writing to Horizon Equine Veterinary Clinic Ltd., by either party is required to void the agreed-to terms within this document.

_____ **LESSEE:** I accept the responsibilities and limitations outlined and agreed to within this document.

Owner Name: _____ Lessee Name: _____

Owner/Agent Signature: _____ Lessee Signature: _____

Date: _____ Date: _____