



HEARTLAND EQUINE HOSPITAL

Eric Carlson DVM, Diplomate ACVS
Kelly Gratny Carlson DVM, Diplomate ACVIM

17577 Bayside Drive, Tonganoxie, KS 66086

Phone: 913.287.7575 www.HeartlandEquineHospital.com

Heartland Equine Hospital Trainer/Agent Permission Form

In an effort to better serve our clients and establish a clear understanding of our clients' wishes regarding the medical treatment of their horses while being boarded at a training facility, we have developed a permission form to release medical decisions to the designated trainer. The purpose of this form is to ensure that all the doctors and staff at Heartland Equine Hospital have an explicit understanding of the type of relationship the owner of each horse wishes to have with HEH.

This form is to be filled out by the owner/lessor of each horse that is under the care of Heartland Equine Hospital. It is to be in addition to any release that has been signed between the trainer and the owner/lessor.

It will be assumed for any horse under the care of a trainer who does not have a form on file that the owner wishes to be an integral part of all medical decisions for their horse. We appreciate your participation in helping us better serve you.

I _____ (owner/lessor) give the following permission to

_____ (trainer/agent) of _____ (farm)

for my horse _____ (Registered and barn name).

Please Check One of the Following:

I wish for the stated trainer/agent to have full and unlimited control over all my horse's medical decisions and I do not need to be contacted or give consent before or after any medical treatment administered by HEH.

I wish for the stated trainer/agent to have full and unlimited control over my horse's preventative care and routine maintenance medical care decisions including, but not limited to dentals, vaccines, lameness evaluation and joint injections. I do not need to be contacted before or after any treatment deemed by the stated trainer/agent to be routine or preventative care. For all other medical conditions or emergencies I wish to be contacted by the veterinarian performing the medical treatment in order to give my consent.

I wish to be contacted before and after any medical treatment is performed on my horse by HEH and I give no permission to the stated trainer/agent to make medical decisions for my horse without my consent.

Signed: _____ (Owner) Date: _____

Printed Name: _____