



**GUARDIAN EQUINE**  
Veterinary Services

**Treatment Authorization**

To our valued clients,

Thank you for using Guardian Equine Veterinary Services for your equine veterinary needs. If an owner is not present or personally requesting veterinary care for their animal, we will need to have written permission on file to provide this care requested by third parties (ie: boarding barn/trainer/farm sitter). In addition, in an emergency, we may be unable to reach you and need to understand your wishes.

Owner Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Name of Horse	Location of horse (home/boarding/etc)

Are any individuals permitted to schedule appointment/request/authorize routine/non-emergency care?                      YES                      NO

Are any individuals permitted to request/authorize EMERGENCY care?                      YES                      NO

If YES, please list below and check appropriate boxes

Name of Agent	Phone Number	Routine Authorization	Emergency Authorization



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Would you like to place a financial limit on EMERGENCY CARE we may perform until we are able to contact you?      YES                              NO

If YES: Please specify amount (minimum \$750)\_\_\_\_\_

Can your listed agent(s) authorize the following care *if we are unable to reach you?*

Medical Referral (will require secondary deposit to referral facility):      YES      NO

Surgical Referral (will require secondary deposit to referral facility):      YES      NO

Emergency Euthanasia (in case of obvious fracture/severe colic/etc.):      YES      NO

**Limitations requested per individual horse:** Please describe medical wishes/limitations on individual animals (example: "for elderly horse "BLAZE" authorize to treat on farm with financial limit of \$750. For young horse "STAR" emergency care including referral is authorized with financial limit of \$7500" -or- "Star boarding at SunCatcher Stable under the care of Trainer Tracey who is authorized to request routine care, other horses are at home stable and house sitter Sally Sitter has permission to request emergency care")

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*By granting such permission, you agree that you will be financially responsible for veterinary services and supplies provided at the request of individuals listed above, or those performed in an emergency at the recommendation of the veterinarian. To authorize a third party to request/authorize treatment for your horse, you must have a credit card on file with authorization for payment.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_.