



VETERINARY CONSENT

I, _____, give my permission for Harley Brown Equestrian, Inc. or their agents to authorize veterinarian care for my horse, _____, in the event of an accident or emergency. I authorize Harley, Olivia or Amanda, or their agents, to take such action if they believe the situation warrants. I understand and agree to be solely responsible for financial costs incurred should such an accident or emergency occur.

Harley Brown Equestrian, Inc. / Oak Park Equestrian Center Veterinarians:
Dr. Charlie Boles / Dr. Kirste Timm / Dr. Tristen Weltner

Signature of Horse Owner/Lessee

Date

Print Name

Signature of Parent or Guardian
(if Owner/Lessee is under the age of 18 years)

Date

Print Address

Telephone