



MEDDLETON EQUINE

PERFORMANCE HORSE MEDICINE & SURGERY

Absentee Owner Authorization and Release

The undersigned _____ (“Owner”) currently residing at _____, owner of the horse(s) (“Horse”)

listed below will be out of town or otherwise unavailable from approximately _____ to _____

During such time, Owner authorizes Meddleton Equine, Inc., Dr. Mark T. Meddleton, DVM, and any veterinarian designated by him or otherwise covering calls for him in his absence or unavailability (collectively with the agents and employees of Meddleton Equine Inc., Dr. Mark T. Meddleton, DVM and other veterinarians, “Vet”), to provide veterinary care for Horse

This Authorization and Release applies to the following described horses:

Registered Name	Barn Name	Breed	Age	Sex	Color

A. Scope

a. Unless otherwise indicated below by crossing out the applicable subparagraph and initialing it, Owner hereby authorizes Vet to perform the following services on Owner’s behalf for Horse:

1. Routine care, including twice annual shots to include _____ and any other vaccinations, dental maintenance and de-worming as needed or indicated or recommended by Vet to be given to Horse.
2. Administration of medications, pain relievers, and anesthesia necessary to treat any illness or injury suffered by Horse. *
3. Chiropractic care deemed by Vet and owner/agent to be necessary for the comfort and well-being of Horse.
4. Emergency care including treatment for colic, lacerations, puncture wounds, founder, poisoning, broken or injured limbs, injured muscles or soft tissue and for any other condition determined by Vet, in his sole discretion, to require emergency care. *

5. Colic surgery. *
6. Surgery for other conditions as determined by Vet to be reasonably necessary for the health and well being of Horse. *
7. Any other service deemed by Vet in his sole discretion deemed necessary for the health and well-being of Horse.
8. To engage or direct the farrier of his choice or that of owner/agent to perform farrier services necessary to protect the health and well-being of Horse.
9. In the event that Vet determines that Horse is suffering from an illness or injury from which Horse is expected to endure extensive suffering and from which there is not a reasonable chance of recovery, Owner hereby authorizes Vet to euthanize Horse. Owner acknowledges that he/she understands that this procedure will cause the death of Horse and is irreversible.

* I understand that surgery or other treatments will not be performed unless they have been authorized and are within the authorized payment limitations specified below. In the event that the estimated costs of surgery or treatment are not within the payment limitations specified below and Horse is suffering from an illness or injury from which, without surgery, Horse is expected to endure extensive suffering and from which there is not a reasonable chance of recovery, I hereby authorize Vet to euthanize Horse.

I understand that transportation to a surgical facility is the responsibility of Owner's agent. In the event that transportation to such facility is not possible and Horse is suffering from uncontrollable pain that cannot be managed, I hereby authorize Vet to euthanize Horse.

I fully understand that other veterinarians might evaluate or treat the situation differently but I deem Vet's advice and evaluation to be complete and reasonable for purposes of the decision to euthanize horse.

Initials _____

10. Other: [this space to be used to describe any authorization for continuing treatment/prescription refills for pre-existing conditions or for any other specific instructions]

b. The authority granted under this Release authorizes care in the total cost of

\$ _____ (For Horse _____)
\$ _____ (For Horse _____)
\$ _____ (For Horse _____)
\$ _____ (For Horse _____)
\$ _____ (For Horse _____)
\$ _____ (For Horse _____)

during the time this Release is in effect. This amount may be increased only upon specific written direction of Owner and will be deemed effective upon receipt by Vet.

B. Insurance

Name of carrier and policy number: _____

Owner believes that the policy provides coverage for the following: _____

Indicate major medical, loss of use, mortality, surgical: _____

Owner requests that Vet contact the insurance carrier at the following address and phone number in the event of _____

Indicate conditions for which Owner requests that Vet contact carrier, possibly including, surgery, euthanasia, treatment of any injury or illness: _____

Owner understands that Vet cannot guarantee that any particular charge will be paid for by insurance and that Vet will not make treatment decisions based on insurance coverage. Owner shall remain responsible for, and shall pay Vet for, all services provided pursuant to this Authorization and Release regardless of whether the insurance carrier reimburses Owner for such costs.

Owner agrees that Vet shall not be responsible for any insurance carrier's refusal to pay for any treatment or cost. Owner further agrees that Vet shall not be responsible for any failure to contact insurance carrier prior to performing surgery/etc.

Owner specifically authorizes Vet to provide insurance carrier with any records the carrier requests and to fill out any forms requested by carrier.

C. Payment

Owner agrees, without limitation, to pay for all services (which includes medications, supplies and other expenses incurred in connection with providing services) on the day such services are rendered. Owner hereby authorizes Vet to charge Owner's credit card, described below, for all amounts owed by Owner to vet.

credit card name, number, expiration date: _____

Name on Card		Credit Card Type	
Credit or Debit Card #		Expiration Date	
Cardholder Signature		Date	
Billing Address			

In the event Vet is unable to obtain authorization for a charge to such account, regardless of the reason, Vet shall be relieved of all obligations under this Authorization and Release. In the event Vet has already rendered services pursuant to this Authorization and Release prior to obtaining authorization from the credit card issuer to charge such Credit Card and a request for authorization by the card issuer is declined, Vet shall notify Owner in writing of the amount owed and not charged and Owner shall remit payment to Vet within two weeks of the date of such invoice, together with an additional 20% as compensation for the delay in payment.

D. Agent

Horse covered by this Authorization and Release is currently stabled at (physical location) _____

_____ in care of (Agent) _____

whose mailing address is _____

In the event Horse is relocated, Owner or Agent shall notify Vet immediately of such change in location. Vet shall have the option of declining to continue to render services pursuant to this Authorization and Release as a result of such change of location. In the event Vet elects to decline to continue to render services based on such change in location, Vet shall notify Owner and Agent in writing. The mailing of such Notification shall relieve Vet of any obligations under this Authorization and Release. Failure to notify Vet of a change of location shall also relieve Vet of any obligations pursuant to this Authorization and Release.

Owner acknowledges that Agent shall be responsible for determining when Vet should be notified of the need for treatment of Horse and Owner agrees to pay for any services rendered by Vet pursuant to any calls made by Agent or anyone acting on his or her behalf requesting veterinary assistance for Horse. Owner further acknowledges that Agent shall be responsible for any follow-up care (including without limitation, administration of medication, change of diet or routine, exercise, changing of bandages) necessitated by any injury or illness suffered by Horse.

Initials _____

D. Release and Indemnification

Owner hereby releases Vet from any and all liability relating to any services performed pursuant to this Authorization and Release. This Release includes, without limitation, a release of liability for all actions or omissions of Vet relating to care, treatment, diagnosis of Horse, including euthanasia and from all liability relating to administration of medications and anesthesia. Owner hereby further agrees to indemnify and hold harmless Vet from any and all claims made against Vet or his or her agents and employees by any other person or entity relating to the care, diagnosis, treatment or euthanasia of Horse. Owner agrees that he or she shall pay all costs and attorneys' fees incurred by Vet in defending any claim made by Owner or anyone else against Vet as result of any services rendered under this Release and any care provided, or not provided, to Horse.

Initials _____

Owner acknowledges that veterinarians other than Dr. Mark T. Meddleton, DVM may not agree to perform services pursuant to this Authorization and Release. Owner agrees that Dr. Mark T. Meddleton, DVM shall not be responsible for the refusal of any other veterinarian to provide treatment or surgery to Horse pursuant to this Authorization and Release. Owner further agrees to release Dr. Mark T. Meddleton from any liability for the inability of Dr. Mark T. Meddleton to obtain surgical or other assistance from another veterinarian after reasonable efforts to obtain such assistance in the event of Dr. Mark T. Meddleton's unavailability.

Initials _____

Owner acknowledges and states that he or she understands that there are always risks of surgery and other medical treatment and that no particular outcome can be guaranteed in treating any illness or injury.

Initials _____

F. Authority of Owner

By signing, this Authorization and Release, Owner represents and warrants that he/she is the lawful Owner of Horse and has full authority to execute this Authorization and Release.

G. Contact Information

During the periods covered by this Authorization and Release, Owner can be contacted at the address and phone number(s) listed below:

Address: _____

Phone: _____

Alternate contact that Owner may also be contacted through:

Name: _____ Phone: _____

Address: _____

