



2010

VETERINARIAN CONSENT FORM

I, _____ give my permission for Susan Hutchison Stables, Inc. or their agents to authorize veterinarian care for my horse(s), _____, in the event of an accident or emergency. I authorize Susie, or her 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.

Veterinarian: _____

Phone Number: _____

Comments: _____

Signature of Horse Owner or Lessee: _____

Date: _____