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CARETAKER RELEASE FORM

I, _____ (full name), residing at _____

_____ (full address) will be out of town and possibly unreachable for the dates

of _____ (dates gone). I am leaving _____

(caretaker's full name) in charge of my horse(s) (name, age, breed, sex, color):

1. _____

2. _____

3. _____

4. _____

5. _____

I have discussed my wishes with my caretaker regarding medical care and they are authorized as my agent to make medical decisions up to and including euthanasia in the event that I am unreachable and an urgent medical decision must be made in my absence. I realize that a reasonable effort will be made by Capital Large Animal Veterinary Service, Inc. and my caretaker to reach me, but in the even that I am not reachable, I am authorizing _____ to make any/all medical decisions for me in my absence.

I assume full financial responsibility for all services and charges incurred by Capital Large Animal Veterinary Service, Inc. at the request of my caretaker. I realize that payment is due at the time of service and will make arrangements with my caretaker as such.

Signature: _____ Date: _____

Printed Name: _____

Caretaker Signature: _____ Date: _____

Printed name: _____