



**HIGH WATER**  
VETERINARY SERVICES, LLC

To Our Valued Clients,

As many of you utilize farm managers, trainers and others to request veterinary services or supplies for the care or treatment of your horses, it is important that we have your written permission on file to provide veterinary care requested by third parties. In addition, in an emergency, we may be unable to reach you, and need to understand your wishes. In an effort to prevent misunderstandings or confusion, and prevent billing errors in the future, please clarify who has permission to act on your behalf. Please complete the form below and return it to our office in a timely manner.

Thank you for your assistance in this matter and please feel free to contact our office with any questions or concerns. We will honor verbal directions on this matter but prefer to have your permission in writing to ensure your wishes are carried out.

Sincerely,  
Ronie Meer, DVM, CVMMP, CVA

Client Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name(s) and location of Horse(s):

<i>Name of horse</i>	<i>Location of horse (e.g. home, boarding barn name)</i>

Are any individuals permitted to call in for appointments and request/authorize non-emergency care:  
Yes \_\_\_ No \_\_\_

Are any individuals permitted to call in for appointments and request/authorize emergency care:  
Yes \_\_\_ No \_\_\_

Is a “Good Samaritan” authorized to seek emergency service in the event of a severe or life-threatening situation?  
Yes \_\_\_ No \_\_\_

If Yes, list below, and check appropriate boxes

<i>Name of Agent</i>	<i>Phone number</i>	<i>Non-Emergency Authorization</i>	<i>Emergency Authorization</i>

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 \$750.00) \_\_\_\_\_

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

Surgical Referral (Requires \$1000 deposit) Yes \_\_\_ No \_\_\_

Admission to hospital (Requires \$1000 deposit) Yes \_\_\_ No \_\_\_

Emergency Euthanasia (In case of obvious fractures/ severe colic / signiant pain) Yes \_\_\_ No \_\_\_

**Limitations requested per individual horse.**

Please describe limitations: (e.g. "For elderly horse Blaze, authorize treatment only on farm, with financial limit of \$750.00. For young horse Star, emergency care including referral and surgery authorized, with financial limit of \$7500.00)

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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 the individuals listed above, or those performed in an emergency at the recommendation of the veterinarian.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

*e-mail to: Highwatervet@gmail.com*