

Bend Equine Medical Center Trainer/Agent Permission Form

In an effort to better serve our clients and establish a clear understanding of our clients wishes regarding the medical treatment of their horses while being boarded at a training facility we have developed a permission form to release medical decisions to the designated trainer. The purpose of this form is to ensure that all the doctors and staff at Bend Equine Medical Center have an explicit understanding of the type of relationship the owner of each horse wishes to have with BEMC.

This form is to be filled out by the owner/lessor of each horse that under the medical care of Bend Equine Medical Center. It is to be in addition to any release that has been signed between the trainer and the owner/lessor.

It will be assumed for any horse under the care of a trainer who does not have a form on file that the owner wishes to be an integral part of all medical decisions for their horse. We appreciate your participation in helping us better serve you.

I _____ (owner/lessor) give the following permission to
_____ (trainer/agent) of _____ (farm) for my
horse _____ (papered and barn name)

Please Check One of the Following:

- I wish for the stated trainer/agent to have full and unlimited control over all my horse's medical decisions and I do not need to be contacted or give consent before or after any medical treatment administered by BEMC.
- I wish for the stated trainer/agent to have full and unlimited control over my horse's preventative care and routine maintenance medical care decisions including but not limited to dentals, vaccines, lameness evaluation and joint injections. I do not need to be contacted before or after any treatment deemed by the stated trainer to be routine or preventative care. For all other medical conditions or emergencies I wish to be contacted by the veterinarian performing the medical treatment in order to give my consent.
- I wish to be contacted before and after any medical treatment is performed on my horse by BEMC and I give no permission to the stated trainer/agent to make medical decisions for my horse without my consent.

Signed _____ (owner) Date _____

Printed Name _____