



Mountain View Equine Hospital, PC

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AUTHORIZATION TO PROVIDE VETERINARY SERVICE

Thank you for requesting Mountain View Equine Hospital to provide veterinary treatment/consultation for your horse. In order to provide services, we require one of the following:

1. The legal owner must call and request any and all treatment for their horse(s)
- OR
2. Written authorization for a barn manager or individual other than the owner to request treatment

If your horse is stabled at a boarding facility, someone else's barn, or if you are going out of town and want someone else to take care of your horse(s), please list the type of treatment you would like for us to pursue if requested by anyone other than yourself (check all that apply)

- Routine Wellness (Vaccines, Coggins, Sedations, Dentals)
- Lameness (Including Injections, Sedations, Diagnostic Imaging)
- Simple Emergency (Mild Colic, Choke, Lacerations, Eyes)
- Hospitalization (Medical and Surgical Intervention)

Name of Barn/Boarding Stable _____ Phone: _____

Person(s) authorized to request care on your behalf:

Name: _____ Phone: _____

Horse's Name(s): Please list your horse's show name as well as barn name

***IMPORTANT:** I understand that by granting this permission, I am consenting to payment in full at the time of service for all invoices as a result of services rendered at the request of any authorized individual. I also understand that any invoices over 30 days are charged a finance fee of 18% per month. Any account delinquent for 60 days or greater will be subject to legal recourse to settle the account.

Your Name (printed)
Signature

Date

Your Name (printed)