

Montesano & Tallarico DVM LLP
Consent for Routine Veterinary Care
*****Please Keep A Copy With Your Horse*****

I, _____, the owner of the following horse _____ hereby consent to routine veterinary services by Montesano & Tallarico DVM LLP when such services are needed by my horse. In the event that I am unavailable, I authorize _____ to act as my agent. I agree to pay the fees for these veterinary services within 30 days after receiving the billing statement.

Signature of Owner

Date

Consent to Refer Case to Specialist

In case of an emergency, where the injury or illness of my horse is so serious that it requires referral to a specialist, I authorize the attending veterinarian to refer my horse for further care to one of the following: (indicate your choice)

- a) The _____ (practice name) referral clinic
- b) The referral hospital of the attending veterinarian's choice
- c) The referral hospital selected by my designated agent
- d) I do not approve of referral seeking emergency care

This horse (is) (is not) insured.

Insurance Agency Name

Insurance Agency Phone Number

Signature of Owner or Agent

Date

It is very important to keep a signed copy at the barn where your horse is stabled. Please also send a copy to our office to keep with your records.