



## New Client Consent Form:

I, \_\_\_\_\_ consent to treatment for my horse(s) by Whole Horse Veterinary Services. By signing below I indicate that I am the legal owner of this horse or an authorized representative of said owner and able to give legal consent for treatment.

This includes the administration of necessary drugs, performance of veterinary procedures, and restraint for procedures if needed. I resolve to not hold Whole Horse Veterinary Services or its employees responsible for injury or death of my horse, injury to the client, or damages to property resulting from any treatment or procedure. I understand that working on horses carries inherent risks to both the humans and horses and that unforeseen events may occur.

I understand that by signing below, I give legal consent to all treatment prescribed by Whole Horse Veterinary Services unless I specifically decline said services. These treatments have been described to me and I understand the risks involved.

I also understand that I am responsible for payment in full of all charges relating to my horses care. Payment is due at time of service unless other arrangements are made.

Signed \_\_\_\_\_

Date \_\_\_\_\_