

# *Beartooth Boarding and Riding (BBR)*

27 Beartooth Ranch Road, Columbus, MT 59019  
406-322-5386

## *Veterinary Release Form*

Owner's Full Name \_\_\_\_\_

Owner's Address \_\_\_\_\_

Owner's City/State/Zip \_\_\_\_\_

Owner's Cell phone #: \_\_\_\_\_

Home # \_\_\_\_\_

Work # \_\_\_\_\_

other # \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

**Emergency contact has authority to make life/death and medical care cost decisions**

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Preferred Veterinarian \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred Farrier \_\_\_\_\_ Phone # \_\_\_\_\_

Horse owner gives BBR the authority to seek vet service for horse in an emergency and unable to contact owner: By signing this document I am giving this permission.

Horse owner is responsible for direct payment of veterinary services. By signing this document, I am agreeing to pay the veterinarian directly and promptly when invoiced.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*