

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