



AUTHORIZATION FOR EQUINE EXAMINATION & TREATMENT

I, _____, authorize Dr. Kimberly Henneman, to examine & treat the horse; _____ currently located at _____ (barn).

I am the legal Owner Agent (check one) for above-named horse.

Payment Guidelines: I authorize payment of (initial appropriate amount)

- \$175 _____ (initial)
- Up to \$225 _____ (initial)
- Up to \$275 _____ (initial)
- Whatever amount determined necessary _____ (initial)

Form of Payment: I will provide payment as:

One Time Payment:

- Personal/Signed Check _____ (initial)
- Credit Card _____ (initial)

Credit card # _____ Exp _____ Code _____
(or, call the office prior to visit with credit card information 435-647-0807)

Multiple-use credit card on file _____ (initial)

(If your billing address has changed or your card on file has expired, please contact the office 435-647-0807)

Print Name: _____ Date: _____

Signature: _____