



ATTACHMENT "B" VETERINARY AGREEMENT

I am the owner of one or more horses stabled at Shady Maples Stable (hereinafter "Stable"). If my horse(s) appear(s) to require immediate veterinary attention and I cannot be reached, "Stable" shall first call Dr. _____, phone number _____. If he/she is not available, "Stable" shall call any other available veterinarian. All charges incurred for veterinary services or other necessary care shall be billed directly to me and paid immediately unless I make other arrangements with the provider of the services.

Dated: _____

Owner:

Print Name: _____

Signature: _____

Phone: _____

Permission to Put Down:

In the event "Stable" is unable to contact me or other person designated below, and in the opinion of my veterinarian, or if unavailable, at least two (2) other veterinarians, my horse is suffering with terminal illness or injury, the Owner or Manager of "Stable" has my permission to instruct attending veterinarian(s) to put my horse down. I also give my permission to "Stable" to call a rendering service to have the animal removed.

Dated: _____

Owner:

Print Name: _____

Signature: _____

Designated Person: _____ Phone: _____

No Permission to Put Down:

"Stable" does not have permission to have horse put down under any conditions.

Dated: _____

Owner:

Print Name: _____

Signature: _____