

Daniel P. Keenan, DVM  
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**Consent for Routine Veterinary Care**  
**\*\*Please Keep A Copy With Your Horse\*\***

I, \_\_\_\_\_, the owner of the following horse

\_\_\_\_\_ hereby consent to routine veterinary services by **Keenan McAlister Equine** when such services are needed by my horse.

In the event that I am unavailable, I authorize \_\_\_\_\_ to act as my agent. I agree to pay the fees for these veterinary services within 30 days after receiving the billing statement.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

**Consent to Refer Case to Specialist**

In case of an emergency, where the injury or illness of my horse is so serious that it requires referral to a specialist, I authorize the attending veterinarian to refer my horse for further care to one of the following: (indicate your choice)

- a. The \_\_\_\_\_ (practice name) referral clinic
- b. The referral hospital of the attending veterinarian's choice
- c. The referral hospital selected by my designated agent
- d. I do not approve of referral seeking emergency care

This horse (is) (is not) insured. Agency name and phone number \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

**It is very important to keep a signed copy at the barn where your horse is stabled. Please also send a copy to our office to keep with your records.**