



Hope Batchelor, DVM

**Care Authorization Form**

To Whom it May Concern:

I, \_\_\_\_\_ (owner's name), owner of the below-described horse, authorize Dr. Hope E. Batchelor and the staff of Pickering Equine, LLC while my horse is at the facilities of Pickering Equine, LLC to make veterinary medical decisions. I give permission for Dr. Hope Batchelor or a Pickering Equine staff member to administer medications either orally, injected intra-muscularly or intervaneously, as necessary, for the treatment, welfare and safety of my horse and the welfare and safety of the staff of Pickering Equine, LLC. I accept financial responsibility for the care of my horse while at the facilities of Pickering Equine, LLC.

Owner's signature: \_\_\_\_\_

Owner's name (printed): \_\_\_\_\_

Date: \_\_\_\_\_