Claremont Veterinary Services
2005 Ninth Concession
Claremont, Ont L1Y 1A2
claremont@hotmail.ca
1-905-649-1993 clinic
Dr. Michele Travers claremontvet1993@aol.com
Dr. Stephanie Horgan Smith dr.stephanie@rogers.com

owner consent for treatment.

Owner name_____

Address_____

phone_____alt_____

email_____@_____

HORSE NAME _____

BREED_____COLOUR_____

AGE_____SEX_____

Horse is insured ? yes___ no____
Insurance company_____#_____

Stabled at_____

owner/manager_____.

I give my consent for Dr. Michele Travers or her associates of Claremont Veterinary Services to vaccinate or perform necessary treatment on the above named animal. In case of emergency and I cannot be reached I give the barn owner and /or manager in charge of the barn along with the veterinarian in charge the right to make decisions for the care of my horse including humane euthanasia if warranted.

Owner signature_x_____date_____