

# Pine Bush Equine

96 Warn Avenue  
Pine Bush, New York 12566  
Telephone: 845-361-4917  
Facsimile: 845-361-1797

Herbert J. Burns, V.M.D.  
Jennifer Lowry, D.V.M.

Erik Peterson, D.V.M.  
Betsy Johnson, D.V.M.

To Our Valued Clients,

As many of you utilize farm managers, trainers and others to request work for the care or treatment of your horses it is important that we have on file your written permission to provide work requested by third parties. In an effort to prevent misunderstandings or confusion, clarify who has permission to act on your behalf and prevent billing errors in the future, we ask that you would please complete the form below and return it to our office in a timely manner.

Thank you for your assistance in this matter and please feel free to contact our office with any questions or concerns. We cannot honor verbal directions on this matter and must have your permission in writing.

Sincerely,  
Pine Bush Equine

Client Name: \_\_\_\_\_

Client ID: \_\_\_\_\_

Phone: \_\_\_\_\_

Name(s) and location of Horse(s):

Individuals permitted to call in for appointments and request/authorize non-emergency care:

May we provide care to your horse if we are not able to contact you? \_\_\_\_\_

Would you like to place a financial limit on work we may perform until we are able to contact you? If yes, please specify amount (minimum \$500) \_\_\_\_\_

Would you like to restrict permission in emergency situations? Yes  No  If so please describe below

Surgical Referral \_\_\_\_\_ Admission to hospital \_\_\_\_\_

Emergency Euthanasia \_\_\_\_\_ Other (please describe) \_\_\_\_\_

By granting such permission you agree that you will be financially responsible for work performed at the request of the individuals listed above and at the recommendation of the veterinarian.

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