



Nicole Irizarry, DVM
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Third Party Authorization

To Our Valued Clients,

In the event that you utilize other individuals (such as farm managers or trainers) to request veterinary services or supplies for the care or treatment of your horses, it is important that we as a veterinary service provider have your written permission on file to provide the care requested by third parties. In addition, in an emergency, we may be unable to reach you, and need to understand your wishes. In an effort to prevent misunderstandings or confusion, and prevent billing errors, please clarify who has permission to act on your behalf. Please complete the form below and return it to our office.

Thank you for your assistance in this matter, and please feel free to contact our office with any questions or concerns. We will honor verbal directions on this matter but prefer to have your permission in writing to insure your wishes are carried out.

Sincerely,
Dr. Nicole Irizarry

Client Name: _____ E-Mail: _____

Primary Phone: _____ Alternative phone: _____

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

Name of horse	Location of horse (e.g. home, boarding barn name)

Are any individuals permitted to call in for appointments and request/authorize non-emergency care: _____ YES
_____ NO

Are any individuals permitted to call in for appointments and request/authorize emergency care: _____ YES
_____ NO

Is a "Good Samaritan" authorized to seek emergency service in the event of a severe or life-threatening situation? _____ YES _____ NO

(OVER)

If Yes, please list below, and check appropriate boxes

Name of Agent	Phone number	Non-Emergency Authorization	Emergency Authorization

Would you like to place a financial limit on emergency care we may perform until we are able to reach you?
____YES ____NO If Yes, please specify amount (minimum \$400.00) _____

Can your listed agent(s) authorize the following care if we are unable to reach you?

Surgical Referral ____YES ____NO
Referral for Medical Management only ____YES ____NO
Emergency Euthanasia ____YES ____NO

Would you like to restrict permission by other parties to authorize care in emergency situations? Yes / No

If Yes, please describe limitations: (e.g. "For elderly horse Blaze, authorize treatment only on farm, with financial limit of \$750.00)

By granting such permission you agree that you will be financially responsible for veterinary services and supplies provided at the request of the individuals listed above, or those performed in an emergency at the recommendation of the veterinarian.

Signature_____ Date: _____

Return this completed form to kisselhillvet@gmail.com, PO BOX 5179 Lancaster, PA, 17606 or convey in person.