



OLD WATERLOO EQUINE CLINIC

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RELEASE OF LIABILITY BY HANDLER, DRIVER AND/OR RIDER OF HORSE

I, _____, am 18 years of age or older
(PLEASE PRINT YOUR NAME)

and have been asked by _____
to handle, drive and/or ride _____
for the purpose of veterinary examinations and/or treatment.

I am competent to perform these tasks that have been asked of me by the individual noted above in regards to veterinary examination and/or treatment.

I understand the inherent risks involved in engaging in equine activities—including handling, driving and/or riding a horse for veterinary examination and/or treatment.

I hereby release *Old Waterloo Equine Clinic* and any and all employees and principals of *Old Waterloo Equine Clinic* from any consequences to myself, any other humans, animals and/or property that may arise from my handling, driving and/or riding of the horse(s) described above for veterinary examination and/or treatment.

_____	_____	_____	_____
DATE	TIME	SIGNATURE	PRINTED NAME

WITNESSED BY:	_____	_____
	SIGNATURE	PRINTED NAME