

**JOIE GATLIN-MORLEY ABEY SHOW JUMPING, INC.
31878 DEL OBISPO #118 PMB 313
SAN JUAN CAPISTRANO, CA 92675
949 - 443 - 9452**

**2009
VETERINARIAN CONSENT FORM**

I, _____, give my permission for Joie Gatlin-Morley Abey Show Jumping, Inc. or their agents to authorize veterinarian care for my horse, _____, in the event of an accident or emergency. I authorize Joie and Morley, or their agents, to take such action if they believe the situation warrants. I understand and agree to be solely responsible for financial costs incurred should such an accident or emergency occurs.

Veterinarian: Dr. Charlie Boles / Dr. Paul McClellan

Phone Number: _____

Comments: _____

Signature of Horse Owner or Lessee: _____

Date: _____