



Hope Batchelor, DVM

Horse and Owner Information

Owner's name: _____

Owner's Phone Number: _____

Email: _____

Billing Address:

Emergency/Alternate Contact Information:

Horse's name: _____

Description of Horse (color, markings):

Relevant medical history:

Daily grain:



Hope Batchelor, DVM

Current Medications and Supplements (name, dose, frequency, etc.):

Horse and Owner Information

Date Last Dewormed: _____

Shoeing: _____

Number of weeks between shoeing: _____

Date of next shoeing: _____

Farrier Name and Contact number:

Other instructions, if applicable:



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Upon return of this form please include a copy of vaccination records and an up to date coggins report. These forms must be returned before or on arrival of the horse at the facility.

Care Authorization Form

To Whom it May Concern:

I, _____ (owner's name), owner of the above-described horse, authorize Dr. Hope E. Batchelor and the staff of Pickering Equine, LLC while my horse is at the facilities of Pickering Equine, LLC to make veterinary medical decisions. I give permission for Dr. Hope Batchelor or a Pickering Equine staff member to administer medications either orally, injected intra-muscularly or intravenously, as necessary, for the treatment, welfare and safety of my horse and the welfare and safety of the staff of Pickering Equine, LLC. I accept financial responsibility for the care of my horse while at the facilities of Pickering Equine, LLC.

I, _____ (owner's name), owner of the above-described horse agree to provide Dr. Hope E. Batchelor and the staff of Pickering Equine, LLC at least 30 days -notice prior to removing the horse from their care unless previous arrangements have been made stating a pre-determined discharge date. I understand that my credit card on file will be charged for the month in full on the 1st of the month unless I have sent prior payment.

Owner's signature: _____

Owner's name (printed): _____

Date: _____