

Matthew W. Lovell, D.V.M
Practice Limited to Horses
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Lovell Equine Clinic
1781 Airport Road – P. O. Box 1146
Gallatin, TN 37066

(615) 452-7789
OUTPATIENT AND EMERGENCY
SERVICE AVAILABLE

PERMISSION TO TREAT

In order to better serve you, we are providing this form so that should your animal need veterinary care, we will be able to treat the animal. Please provide the information below for our medical records.

OWNERS NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____ COUNTY _____
HOME PHONE: _____ WORK PHONE: _____
OTHER PHONE: _____ FAX _____
E-MAIL ADDRESS: _____
OTHER EMERGENCY CONTACT PERSON: _____
FARM WHERE HORSES LOCATED: _____

**PAYMENT IS EXPECTED AT TIME OF SERVICE
UNLESS PREVIOUS ARRANGEMENTS HAVE BEEN
MADE.**

I fully understand that I am giving Lovell Equine Clinic permission to treat my animal(s).

SIGNATURE: _____

DATE: _____

YOUR SIGNATURE IS REQUIRED