

Matthew W. Lovell, D.V.M  
Practice Limited to Horses  
Fax: 452-1131

**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**