# **Hold Harmless Medical Liability Waiver**

# **815-751-7881**

# **6135 Base Line Road, Kirkland, IL. 60146**

Name of Horse Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Liability waiver signed this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_, by and between **John and Amy Klink,** 6135 Base Line Rd, Kirkland, IL. 60146 and the aforementioned,

(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) horse owner.

**John and Amy Klink (and their working personnel)** are **NOT** veterinarians but will follow all directions given by veterinarian. \_\_\_\_\_\_\_\_\_\_ **(Boarder Initials)**

Horse owner(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Name)*agree and acknowledge that **John and Amy Klink (and their working personnel)** will provide the service of administering certain medications (as explained below) per veterinarian order or horse owners’ request.

\_\_\_\_\_\_\_\_\_\_ **(Boarder Initials)**

**John and Amy Klink (and their working personnel)** agree to administer as requested above horse owner(s), with written instructions any of the following to your horse: horse supplements, antibiotics, anti-inflammatories, de-wormers, eye ointments, probiotics, electrolytes, or any other oral, topical, injectable or inhaled medications. \_\_\_\_\_\_\_\_ **(Boarder Initials)**

Above horse owners, also agrees to hold **John and Amy Klink (and their working personnel)** harmless for the following:

1. injection site infections
2. Horse illness (colic, laminitis, leg swelling, etc.)
3. Choke
4. Death to horse due to allergic or adverse reactions
5. Death to horse for any medical reason. \_\_\_\_\_\_\_\_\_\_\_ **(Boarder Initial)**

I hereby release **John and Amy Klink (and their working personnel)** of all responsibility in case of illness or injury in any way associated with administration of medications to the above horse/horses.

**All services provided by John and Amy Klink (and their working personnel) will require an additional fee. (see fee service chart)**

Signature of horse owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_