



SOUTH MOUNTAIN EQUINE

**7728 Marker Road
Middletown, MD 21769
240.818.5971**

Owner Acknowledgement to Perform Examinations/Treatments

Owner: _____

Horse: _____

The owner agrees to allow any of the doctors employed by South Mountain Equine to examine/treat their horse based on the request of (Barn staff/barn manger/etc) _____.

Signed by Owner _____ **Date** _____