



**TEXAS A&M UNIVERSITY–COMMERCE  
VETERINARY AUTHORIZATION FORM**

In recognition and acknowledgement of the fact that engaging in equine activities involves a substantial risk of injury to my horse, I, the undersigned, warrant that my horse is in good physical condition and agree to assume the risk of an injury that it may suffer as a result of participation in these events at Texas A&M University–Commerce (A&M–Commerce), to be held during the academic year (September 1, 2016 through August 31, 2017).

I will abide by all A&M–Commerce rules, regulations, procedures, and guidelines concerning veterinary care and animal husbandry practices, and I will present the following information at least two weeks prior to entry to university facilities:

- Current (within last 12 months) Negative Official Coggins Certificate
- Proof of vaccinations
  - Rabies
  - Tetanus
  - West Nile Virus
  - Eastern / Western Encephalomyelitis
  - Rhinopneumonitis (EHV-1 & EHV-4)
  - Equine Influenza
  - Strangles
- Fecal Egg Count and anthelmintic treatment as indicated by the A&M–Commerce parasite control program (this may be performed as part of the veterinary processing period)
- Certificate of Veterinary Inspection dated within the last 30 days for animals crossing state lines

I will provide the above-noted documentation to the A&M–Commerce Attending Veterinarian (AV) prior to entry to university facilities, and I will provide information upon request to the A&M–Commerce AV or his/her designee while inside the facility. I understand that failure to produce the above-noted documentation will result in an entry refusal and/or immediate removal from university facilities. I understand that I can be evicted in the event of repeated or severe violation of Institutional Animal Care and Use Committee (IACUC) , AV, or Equine Program rules, regulations, Animal Care and Use Procedures (ACUPs), Guidelines, or the AV's instructions regarding animal husbandry or veterinary care.

Exemptions to specific elements of the A&M–Commerce equine protocols may be requested based upon documentary evidence provided in an individual animal's veterinary medical history or other written communication from a licensed veterinarian. This includes vaccination or treatment where it has been documented by the referring licensed veterinarian that the individual horse has experienced a negative or otherwise adverse reaction to a specific vaccination, group of vaccinations, or treatments (e.g., allergic reaction, anaphylactic shock, purpura hemorrhagica, etc.). This exemption can be granted only by the A&M–Commerce AV at his/her sole discretion.

I understand and acknowledge that the A&M-Commerce IACUC has oversight of all animals on campus, including privately-owned horses. I further acknowledge the authority of the A&M-Commerce AV in requiring and providing preventive and emergency veterinary care without further written authorization from me, and without further written authorization from the animal’s owner in the event that I am the owner’s agent. In the event that my animal requires veterinary care, I agree to ensure that any third party veterinarians that I may hire are credentialed by the A&M-Commerce AV prior to requesting said third party veterinarian to attend to animals in A&M-Commerce facilities or programs. In the event that I or another person provide veterinary care to my horses while in A&M-Commerce facilities, or in the event of any change in my animal’s health status, I will complete the appropriate A&M-Commerce veterinary observation and treatment documentation as provided by A&M-Commerce Guidelines and SOPs and provide originals of that documentation for the A&M-Commerce AV’s files.

My signature on this form below provides my authorization for my veterinarian to release any and all veterinary records to the A&M-Commerce AV that pertain to my horse’s evaluation, diagnosis, treatment and care while in A&M-Commerce facilities or programs, upon his/her request for those records.

In the event that emergency veterinary care is needed, the A&M–Commerce AV or his designee, is authorized to provide emergency or interim veterinary care to all animals, as needed, until definitive care can be sought from the horse’s normal veterinarian or attending licensed veterinarian retained by the owner. I understand that I will be required to reimburse A&M–Commerce for the costs of any veterinary care provided to my horse on my behalf. Third party veterinarians must be approved by the A&M–Commerce AV prior to attending to animals in A&M–Commerce facilities.

I understand, and affirmatively swear that I am, at the time of this signing, of legal age and fully competent and do hereby execute the Veterinary Authorization on behalf of myself and my heirs or assigns. I release and hold harmless A&M– Commerce, the A&M–Commerce AV or his/her designee(s), and A&M–Commerce staff from any and every claim, demand, or action of whatever kind, arising from bodily harm, personal injury, or death resulting from any event or accident which may occur to myself, my horse or other animal(s) covered by this document.

I, further release said parties from any claim whatsoever which may be attributed to the receipt of first aid or emergency treatment rendered to my animal in connection with an event.

In witness thereof, I have voluntarily, and without inducement on my part, executed this Veterinary Authorization on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_