

RAINBOW CANYON RANCH  
2350 San Gabriel Canyon Road, Azusa, CA 91702

TREATMENT & MEDICATION WAIVER/RELEASE FORM

I hereby acknowledge that no member of the Rainbow Canyon Ranch is a licensed veterinarian, nonetheless, I voluntarily give permission to the Rainbow Canyon Ranch staff to provide, perform, and/or administer treatments and medications to my horse/horses, including, but not limited to the administering of medications orally, intramuscularly, or intravenously.

I instruct the Rainbow Canyon Ranch staff to exercise their good judgement when treating or medicating my horse/horses, and give my permission for the staff to contact a veterinarian on my behalf and for my horse/horses if they deem it necessary. I further agree to pay for veterinarian services rendered, releasing Rainbow Canyon Ranch for any financial responsibility for such services.

I, the undersigned, hereby agree to hold harmless Rainbow Canyon Ranch and the staff thereof from any liability arising from their providing, performing, and or, administering medications to my horse/horses, including, but not limited to the administering of medications orally, intramuscularly, or intravenously.

Name/print \_\_\_\_\_

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

I do not agree to the above mentioned waiver/release form, therefore, I instruct the Rainbow Canyon Ranch staff to contact a veterinarian on my behalf and for my horse/horses for any treatment or medication they deem necessary. I further agree to pay for veterinarian services rendered, releasing Rainbow Canyon Ranch for any financial responsibility for such services.

Name/print \_\_\_\_\_

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