**Intramuscular Injection Waiver**

Veterinarian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has prescribed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ which needs to be given via Intramuscular injection to my horse\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I/We \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission to Rosann Tyler to administer the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ injection \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (details of amount). As prescribed by the Veterinarian. We/I understand the cost involved including; risk, time and administration will be $\_\_\_\_\_per injection and agree to pay Rosann Tyler for this.

We/I understand that an adverse reaction including **loss of use** or **death** could result for which we/I do not hold Rosann Tyler in any way responsible.

Also we/I do not hold Rosann Tyler responsible for any further treatment/costs that may result due to the injection or any other not foreseeable problem that may result when administering the treatment.

OWNER WITNESS

Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date / / Date / /