



Exhibit "C"

Longfield Stables Equestrian Center
Consent for Treatment of an Equine

Name of Horse: _____

Registration, Microchip, Branding and/or Tattoo Number: _____

Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Any other pertinent information an attending veterinarian might need (i.e. allergies, etc.):

Insurance Information:

Insurance Company Name: _____

Policy Number: _____

Claim Number: _____

Agent Name: _____

Agent's Phone Number: _____

Longfield Stables Equestrian Center may/ may not notify the above listed Insurance Company of an injury in the event Owner cannot be reached.

I, _____, authorize any and all necessary emergency transportation, examination, anesthetic, humane euthanasia, disposal, autopsy, medical surgery and/or hospital care needed or special supervision and on the advice of any veterinarian and/or surgeon licensed to practice medicine in the State of South Carolina.

I further authorize **Palmetto Bluff Operations, LLC, a South Carolina limited liability company d/b/a Longfield Stables Equestrian Center**, the ownership, management, agents, and staff to seek the medical attention they deem necessary at my expense while at Longfield Stables Equestrian Center, up to an amount of \$_____.

IT IS HEREBY AGREED, by and between the undersigned parties that Owner will release and hold harmless **Palmetto Bluff Operations, LLC, individually and d/b/a Longfield Stables Equestrian Center**, its employees/agents, other owners of horses boarded at Longfield Stables and their immediate family, veterinarian and/or surgeon(s) and their agents and any of those acting on their behalf, from any claims, liabilities, loss, etc.

It is understood that this authorization is valid for 24 months from the date below.

I (We) assume all financial responsibility and personal liability.

Signature of Owner / Print Name

Date:_____