

**2021 St. Joseph County 4-H Fair – Veterinary Care Agreement**

4-H Member: \_\_\_\_\_

I, \_\_\_\_\_, have agreed with  
(print name here)

\_\_\_\_\_ D.V.M. to treat my animal at the  
(print veterinarian's name here)  
*4-H Fair the week of July 5<sup>th</sup> – July 10<sup>th</sup>.*

This is my preferred veterinarian and in the event that I cannot be reached to authorize veterinary care, the acting person responsible from the Horse & Pony Club is to call this veterinarian and authorize treatment. I have discussed payment and all the cost incurred with this veterinarian and I will be responsible for all such costs.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Veterinarian Signature

\_\_\_\_\_  
Date

In the event that this preferred veterinarian is not available, I agree to have the Horse & Pony individual responsible for the horses at that time to call another veterinarian and I agree to pay all of these costs.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secondary Vet Preference

Due no later than noon on July 5<sup>th</sup> 2021