



Owner Consent to Release and/or Obtain Confidential Information

Owner name: _____

Address: _____

Phone#: _____

RE: Equine name: _____ breed _____ age _____

I hereby authorize Freedom Ride, Inc to release and/or obtain information from:

Vet Name: _____

Address: _____

Phone#: _____ Fax# _____

The information is to be released/obtained by Freedom Ride, Inc for the purpose of evaluating the above named equine for use in our therapeutic riding program.

The information to be released is marked below.

- Medical History
- Shot record
- Coggins
- X-Rays/Ultrasound and other diagnostic test results
- Other: _____

I am aware that the information shared will be strictly confidential and cannot be released to anyone else without my written consent. I am aware that I may withdraw my consent at any time, by notifying Freedom Ride in writing.

Signature of Owner

Date