**Letter of Authorization to Provide Vaccinations**

**RE: Horse’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I hereby request and authorize the Texas A&M-Commerce Attending Veterinarian, Dr. Wes Taylor and veterinary staff to provide the following vaccinations, (as checked off on the list below), to my horse during its first week of residence at the Texas A&M-Commerce Equine facilities.

[ ] Rabies [ ] Rhinopneumonitis

[ ] Tetanus [ ] Equine Influenza

[ ] West Nile Virus [ ] Strangles / Strep. Equi

[ ] Eastern, Western Encephalomyelitis

[ ] Fecal Egg Count and anthelmintic treatment

[ ] Other Vaccines/Injections as ordered by AV \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that these vaccinations will be given by the Texas A&M University–Commerce veterinary staff under the direction of the Attending Veterinarian, and that a Texas A&M University–Commerce authorized veterinarian will be provided in the event that my horse begins to show signs of an adverse vaccine associated reaction.

I further understand that I will be charged by the Agricultural Department a fee commensurate with the Agricultural School’s current fee schedule for the vaccinations or laboratory tests performed on my behalf, or for any associated veterinary fees in the event of a veterinarian’s visit to examine or treat my horse.

I also understand that, while the administration of these vaccines will fulfill the vaccine requirements for the university, they may or may not serve as proof of vaccines for any other facility because they are not being performed by a Licensed Veterinarian.

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Signature: Student/Boarder Signature Date

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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