

**AUTHORIZATION TO OBTAIN  
MEDICAL TREATMENT FOR MINOR CHILD**

WITNESS THIS AGREEMENT AND AUTHORIZATION by and between \_\_\_\_\_,  
hereinafter referred to as "Stable," and \_\_\_\_\_, hereinafter referred to as "Parent."

Stable is hereby authorized to obtain any and all medical treatment Stable deems reasonably necessary for my minor child and/or children.

Parent or guardian agrees to bear any cost connected therewith and shall pay promptly upon billing by the health care provider. Stable shall incur no financial liability for medical treatment obtained pursuant to this authorization.

Name(s) of child(ren)

Social Security No.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Plan or Identification No.: \_\_\_\_\_

Primary Healthcare Provider: \_\_\_\_\_

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

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was subscribed and sworn to before me by \_\_\_\_\_,  
Parent or Guardian, on the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_

*WARNING: Under Iowa law, a domesticated animal professional is not liable for damages suffered by, an injury to, or the death of a participant resulting from the inherent risks of domesticated animal activities, pursuant to Iowa Code Chapter 673. You are assuming inherent risks of participating in this domesticated animal activity.*