

Equity Vaccine Indemnity

1. I (owner/agent) warrant:
 - (a) I am an agent of the owner/s of (horse) and have full authority to act on their behalf.
 - (b) I have read the manufacturer's specification for the use of Equity Oestrus Control Vaccine for Horses.
 - (c) I acknowledge it is against the manufacturer's recommendations to use Equity (the Proposed Treatment) in horses intended for breeding or in pregnant mares.
 - (d) I have not relied upon any representations by Scenic Rim Veterinary Service as to the suitability of the Proposed Treatment.
 - (e) I acknowledge I have been advised by Scenic Rim Veterinary Service of the risks of using the Proposed Treatment on [insert name of horse].
 - (f) I further acknowledge Scenic Rim Veterinary Service expressly denies liability if(horse) becomes infertile as a result of having the Proposed Treatment.

2. I and the owners agree to indemnify Scenic Rim Veterinary Service and keep them indemnified against any claims for loss or damage should (horse) become infertile as a result of having the Proposed Treatment.

Owner/Agent

Signature.....

Date