



Dear Clients,

Thank you for choosing Miller & Associates, where we provide exceptional ambulatory equine veterinary care. We offer year round care to our clients in the local tri-state area and also operate an additional, fully staffed satellite clinic in Wellington, FL during the Winter Equestrian Festival.

We would like to clarify our clinic's policy with respect to your veterinary care as requested by horse professionals, trainers, custodians, other agents and their respective employees (collectively referred to as "Agents"). In many instances, Agents are our primary contact in caring for your horse(s), and are deemed to be acting as your representatives vis a vis authorizing veterinary care.

Typically it is an Agent who makes initial contact with our office, requests veterinary services on your behalf and authorizes diagnostics and treatments based on your veterinarians' recommendations. In most cases, our clients are not present during these visits and we rely on your relationship with the Agent to provide your horse(s) with the appropriate veterinary care. This allows our doctors the opportunity to complete a thorough diagnostic evaluation, and, when indicated, to initiate treatment on the same visit. This is important since the timing of therapies is significant when considering shipping and show schedules. This efficiency would be difficult to achieve if your Agent were unable to act as a proxy for you.

We are aware, however, that some clients may not wish their agents to contact our office and/or authorize treatment without first being contacted. If you do not wish your Agent to act on your behalf, then please let us know by completing the enclosed form and return it to our office within 30 days of the date of this letter. You must also inform your Agent so that there are no misunderstandings as to when we can and cannot be contacted.

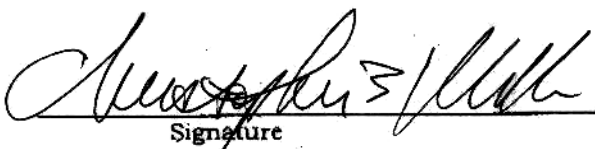
By not completing the form, you hereby agree to allow the Agent to act on your behalf and we will rely on him or her in providing veterinary care for your horse(s). Unless you inform us otherwise on the enclosed form, you agree to pay for all professional services and product sales arising out of any care provided to your horse(s).

Please note that this form does not need to be completed if you authorize your Agent to act on your behalf. Furthermore, this form does not apply to emergencies. If at any time a life threatening emergency arises that, in the professional judgment of our veterinarians, requires your horse(s) to receive immediate emergency veterinary care, such care will be provided to ensure the safety and well being of your horse(s), and you agree to pay for all services related to such emergency.

We appreciate the opportunity to provide you with professional services and encourage you to contact our office if you have any questions or concerns regarding the foregoing policy.

Again, thank you for choosing Miller & Associates. Our doctors and staff look forward to providing excellent care for you and your horses.

Sincerely,



Signature

Christopher B. Miller DVM, P.C.
President: Christopher B. Miller DVM



NON-AUTHORIZATION OF AGENT FORM AND RELEASE

Christopher B. Miller, DVM, P.C., 39 Fields Lane, North Salem NY 10560
Phone (914) 276-1260 Fax (914) 276-1261

By signing this Non-Authorization of Agent form and Release in the space marked “client” below, I hereby:

- a. Certify that that the following individuals (or legal entities) have the authority to act on my behalf (“Agent”) and except as otherwise provided in this form and release, each is my agent for any and all purposes relating to my horses, and the Practice may rely on such agency relationship. I will immediately notify Christopher B. Miller DVM, P.C. (herein referred to as “Practice”) in writing of any changes;

1. _____ 2. _____ 3. _____

- b. Certify that I have legal title to each horse listed below (“Horse”) and will notify the Practice, in writing of any changes to the list. Any horse not listed below that is represented by the Agent to be mine, will be deemed to be mine unless I otherwise inform the Practice:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

- c. Have full unconditional power and authority to execute this form and release, which is binding upon myself, and any other, who has legal title to the Horse;
- d. Instruct the practice NOT TO provide veterinary care to any horse without my consent, unless there is a life threatening emergency;
- e. WAIVE AND RELINQUISH, TO THE FULLEST EXTENT PERMITTED BY LAW ANY AND ALL RIGHTS AND CLAIMS I, OR ANY OWNERS OF THE HORSE HAVE OR MAY HAVE ANY TIME AGAINST THE PRACTICE, AND IN EACH CASE ITS RESPECTIVE AFFILIATES, SHAREHOLDERS, EQUITY MEMBERS,

DIRECTORS, OFFICERS, EMPLOYEES, CONTRACTORS, CLIENTS, AND AGENTS WITH RESPECT TO THIS FORM AND RELEASE, AND WILL PAY, REIMBURSE, INDEMNIFY, DEFEND RELEASE AND HOLD HARMLESS ANY AND ALL OF THEM FROM ANY AND ALL LIABILITES, DAMAGES, COSTS, EXPENSES OR LOSSES INCURRED BY ANY AND ALL OF THEM DIRECTLY OR INDIRECTLY ARISING OUT OF THIS FORM AND RELEASE.

Client name and title _____

Client Address _____

Client Signature _____

Date _____