



ELDERS EQUINE VETERINARY SERVICE  
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ELDERS EQUINE VETERINARY SERVICE

## Volunteer Consent and Non-Disclosure Agreement Form

<i>Date</i>		
<i>Name</i>		
<i>Address</i>		
<i>Phone</i>		

By signing this consent form, you agree that working with horses is inherently dangerous and you will not hold Elders Equine Veterinary Service nor any of the associated staff, personnel, technical staff or veterinarians liable or responsible for any injury or death that results from volunteering/working with our practice. By signing this you recognize the significant risks involved working with unpredictable animals and situations.

In addition, by signing this document, you agree to not disclose any information about the veterinary activities you observe or partake in during your volunteer experience. You will not disclose any client or patient information and keep confidential all information that you are privy to during your volunteer time.

In case of an emergency, I give permission to receive medical treatment. In case of such an emergency, please contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Volunteer Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Witness Name and Signature \_\_\_\_\_