

**Parrott Equine Associates, LLC**

P.O. Box 298  
Hamilton, MA 01936  
Tel: (978) 468-6307  
Fax: (978) 468-4104  
[www.parrottequine.com](http://www.parrottequine.com)



Bryan G. Parrott, DVM

**LYME VACCINATION PARTICIPANT RELEASE OF LIABILITY  
AND ASSUMPTION OF RISK AGREEMENT**

**Name: (Print)** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

\*\*\*\*\*

**Name of Animals:**

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

5) \_\_\_\_\_ 6) \_\_\_\_\_

7) \_\_\_\_\_ 8) \_\_\_\_\_

9) \_\_\_\_\_ 10) \_\_\_\_\_

11) \_\_\_\_\_ 12) \_\_\_\_\_

.....

I wish to participate in the administration of the canine Lyme vaccination to my horse; I understand that the vaccination is not currently approved for equine use. The efficacy and risk of injury is unknown at this time.

I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation.

I willingly agree to comply with terms and conditions for participation. Vaccinations will be administered at day 0, 20, 82, and every 6 months thereafter.

I willingly agree to allow Parrott Equine Associates, LLC to submit my records to their database which may be shared with a third party participating in a Lyme disease study.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily with any inducement.

\_\_\_\_\_  
**Signature of Legal Owner / Authorized Agent** **Date** \_\_\_\_\_

\_\_\_\_\_  
**Date** \_\_\_\_\_

**Witness Signature**