HORSE EMERGENCY INFORMATION AND CONSENT

Name of Horse: _____

Description: _____

Services received (check all that apply): ___Boarding ___Training ___Lessons

List any known allergies or medical conditions: _____

_____

Owner Information:

Owner's Name: _____

Phone: _____ Email: _____

Alternate Decision Makers:

Name: _____ Number: _____

Insurance Information:

Name of Insurer: _____

Policy Number: _____

Phone number to report claims & emergencies: _____

This horse is insured for: ____ Mortality ____ Surgery ____ Major Medical ____ Loss of Use ____ Other

Consent to Treatment: (Please complete the following)

1. In the Event that my horse is ill or injured, and I cannot be reached, I hereby consent to emergency medical care for my horse in the best judgment of the treating veterinarian until such time as I can be reached and consulted, where the estimated cost of the treatment does not exceed $_____.

2. This consent *does / does not* (**please circle preference**) include euthanasia if in the judgment of the veterinarian that is the only humane treatment and my horse has little or no prospect for recovery.

Signed:_____ Dated: _____

RIDER/HANDLER EMERGENCY INFORMATION and CONSENT

Owner/Rider Information:

Name: _____

Address: _____

Daytime phone: _____ Evening phone: _____

Cell phone: _____ Email:_____

Person to contact in case of injury or illness to owner/rider:

Name: _____

Relationship to Rider: _____

Daytime phone: _____ Evening phone: _____

Cell Phone: _____ Alternate number: _____

Alternate contact name: _____ cell phone: _____

Daytime phone: _____ Evening phone: _____

Rider's Medical Information:

D O B: _____ Hospital of choice: _____

Existing medical conditions: _____

Allergies/Sensitivities: _____

Regular medications: _____

Personal Physician: _____ Phone: _____

Health Insurance Carrier: _____

Plan/Policy number: _____

Consent to Treatment:

In the event that I am injured or become ill and am not conscious or otherwise capable of making an informed decision regarding medical care, I hereby consent to such emergency treatment as is deemed necessary and prudent by a licensed medial professional until such time as I regain consciousness or until the contact person designated above can be reached and consent to or decline treatment on my behalf.

Signed:_____ Date:_____