

## Equine Care, Medical, and Emergency Treatment Information

Horse's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Color: \_\_\_\_\_ Gender: \_\_\_\_\_

Markings: \_\_\_\_\_

Behavior traits or Vices: \_\_\_\_\_

Turn out Preferences: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications or supplements presently being administered (indicate dosage, frequency and method of delivery i.e.: in feed, by mouth, injection in muscle, injection in vein):

Medication/Supplement	Dosage	Frequency	Method
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Owner's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

Please indicate your primary and emergency care Veterinarians below.

Primary Veterinarian: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

If not available (Second Veterinarian) \_\_\_\_\_

Office Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

If not available (Third Veterinarian) \_\_\_\_\_

Office Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Do you have medical insurance on this horse?     Yes     No

Name of Insurance Company: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Do you have mortality insurance on this horse?     Yes     No

Name of Insurance Company: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Farrier's Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

*In an emergency every attempt will be made to notify the owner first. If we are not able to reach you, we will first attempt to contact a veterinarian from the list you have provided. If we are not able to reach any of the veterinarians from your list, we will contact a veterinarian of our own choosing. Please indicate the maximum amount you are willing to authorize us to spend on your behalf for emergency medical treatment.*

I, \_\_\_\_\_ authorize \_\_\_\_\_ (the facility providing emergency shelter for my horse) to spend up to \$\_\_\_\_\_ on emergency medical treatment for the above listed horse. I understand that I am responsible to pay the necessary veterinarian and/or veterinary clinic for providing such emergency services and release \_\_\_\_\_, its employees or agents from any responsibility in the payment of the debt incurred on my behalf.

\_\_\_\_\_  
Owner's/Parent's Signature  
(MUST BE OVER 18 YEARS OF AGE)

\_\_\_\_\_  
Date