



ADDENDUM TO EMERGENCY/TREATMENT CONSENT FORM

Emergency/Treatment Consent Form dated: _____ Horses owned by: _____

Name (barn and registered):

Breed: _____ Age: _____ Sex: _____ Markings/Brands: _____

Address where horse is located:

Allergies, current medical conditions including medications, special concerns:

I authorize services/care/medications up to a monetary limit of \$ _____ for this horse to be treated on farm. I assume full responsibility for payment for all veterinary services rendered and medications. _____ (initial)

This horse is insured. _____ YES _____ NO (initial)

If insured, pertinent information must be provided including but not limited to: insurance company name, type of coverage, policy number, limits, and contact requirements prior to treatment and/or referral. EEV is not responsible for following terms of insurance coverage outside of information provided by owner, nor are they responsible for collection of funds from insurance.

In the event that your horse requires surgical or medical management at a referral facility, do you consent for your horse to be referred to a surgical/referral facility? _____ YES _____ NO (initial). I understand any monetary limit for referral colic or other emergency referral should be discussed with referral facility by myself or otherized authorized agent.

Name (barn and registered):

Breed: _____ Age: _____ Sex: _____ Markings/Brands: _____

Address where horse is located:

Allergies, current medical conditions including medications, special concerns:

I authorize services/care/medications up to a monetary limit of \$ _____ for this horse to be treated on farm. I assume full responsibility for payment for all veterinary services rendered and medications. _____ (initial)

This horse is insured. _____ YES _____ NO (initial)

If insured, pertinent information must be provided including but not limited to: insurance company name, type of coverage, limits, and contact requirements prior to treatment and/or referral. EEV is not responsible for following terms of insurance coverage outside of information provided by owner, nor are they responsible for collection of funds from insurance.

In the event that your horse requires surgical or medical management at a referral facility, do you consent for your horse to be referred to a surgical/referral facility? _____ YES _____ NO (initial). I understand any monetary limit for referral colic or other emergency referral should be discussed with referral facility by myself or otherized authorized agent.

Prior arrangements must be made by you or your representative for transporting your horse to a referral facility.

RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS.

A COPY SHOULD ALSO BE PROVIDED TO THE STABLE WHERE YOUR HORSE RESIDES, YOUR AUTHORIZED REPRESENTATIVE, AND TO EEV.