



EMERGENCY/TREATMENT CONSENT FORM

In the event of a veterinary emergency involving your horse, every effort will be made to contact you regarding your horse's medical condition. However, sometimes situations occur when you as the owner may not be available to request examination of your horse and/or to make decisions regarding the treatment. These decisions often need to be made in a timely manner. If this occurs, this form will be used as a **GUIDELINE** for treatment of your horse.

I, _____, as the owner of the following horse(s):

Name (additional details for each horse listed on attached addendum):

do give permission for the veterinarians at Eclipse Equine Veterinary PC (EEV) to perform veterinary treatment on the above-named horse(s) in my absence. In the event I am unreachable, I authorize the following individual(s) to make needed medical decisions on my behalf:

Name of Representative: Relationship: Phone Number(s):

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Attach additional sheets for additional representatives.

I have a credit card on file with EEV. _____ YES (initial)

If not, Credit Card Authorization Form is required, it is available at EEVeterinary.com. Fill out and return with this form.

If the doctors of EEV determine that any of my horses cannot be sufficiently treated and/or managed due to the severity of the condition or injury and/or financial constraints, I authorized them to euthanize the injured/sick horse for humane reasons. It is my responsibility to arrange for proper disposal of any euthanized animals. Initial _____

Additional comments/instructions:

I authorize this form to be valid for treatment of any/all horses I own presently, and in the future, and I assume financial responsibility.

I, (please print) _____, declare that I am the owner of the horse(s) listed above, and described on the attached addendum. I have authority to execute this consent and am over the age of 18 years old. I hereby authorized and direct the veterinarians of EEV to perform the necessary procedures on my horse(s) as outlined above and in the attached addendum. I have thoroughly read and fully understand this consent form.

Signature: _____ Dated: _____

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.



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.

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