

EMERGENCY INFORMATION

Horse Name Registered: _____ Horse Barn Name: _____

Description (Color/Markings): _____

Breed: _____ Year Foaled/Age: _____

Height: _____ Weight: _____

Regular Vet/Phone Number: _____

Medical History (Surgeries/Colic): (Attach separate sheet if needed)

Problem	Year	How Resolved

Owner/Boarder Name: _____ Own or Lease this Horse: _____

Cell Number: _____ Alternate Phone Number(s): _____

If you Lease, what is the Owner's Name/Cell Phone? _____

Are you Financially Responsible for this Horse? _____

If No, Name/Cell Phone of the Responsible Party? _____

Is Horse Insured? _____ Insurance Co Name/Number: _____

In the event of an emergency, what are your wishes for your horse? (Attach separate sheet if needed.)

Is the horse a candidate for surgery (non-colic)? _____

Is the horse a candidate for colic surgery? _____

Is there an "up to" dollar amount that you would authorize for treatment of your horse? _____

Emergency Contacts: In the event of an emergency, we will contact the following people to make medical treatment decisions on your behalf in the event that you cannot be reached. Please make sure your emergency contacts know your wishes for your horse.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

In the event of an emergency, stabilizing and initiating veterinary treatment for your horse is our first priority. We will contact the horse owner as soon as it is feasible to do so. By providing the information on this sheet, you are authorizing your emergency contacts (and/or if they also cannot be reached, an agent of Summerfield Farm) to speak to the attending veterinarian and to make decisions regarding treatment (including surgery or euthanasia) on your behalf in the event that your horse experiences a medical emergency and you cannot be reached.

Owner Signature

Date