



Vacation and Emergency Consent Form

In the event of a medical emergency involving my animal (s), every effort should be made to contact me regarding my horse's current situation. To facilitate, here are the phone numbers where I can be reached throughout my vacation/leave, as well as the people watching my animal (s).

Date of Leave/Vacation: From _____ To _____

Owner Contact Number: _____

Secondary Owner Contact Number: _____

Caretaker's Name: _____

Caretaker's Number: _____

Secondary Caretaker's Name: _____

Secondary Caretaker's Number: _____

If, however, decisions need to be made or procedures need to be performed in my absence, please use this form as a guideline.

I, _____, the owner of the following:

(Please include registered names and nick names)

_____	_____
_____	_____
_____	_____

who are boarded at the following address:

Street: _____

City: _____ State: _____ Zip Code: _____

do give my permission for the veterinarians of Prices Creek Veterinary Service to perform services on the above named animals in my absence.

If the emergency is more severe, the doctors may use their best judgment in determining if my animal can be saved within a reasonable medical probability and financial practicality with a cost cap of \$ _____ (Per Animal).

I agree to assume full financial responsibility for these services.

