

# Emergency Contact/Release:

Owner Name: \_\_\_\_\_

Best Number to Reach you: \_\_\_\_\_

## Emergency Contacts:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

In case of emergency I authorize \_\_\_\_\_ to make  
Medical decisions for my horse(s) \_\_\_\_\_

I am willing to spend up to \$ \_\_\_\_\_ If an end of life  
decision needs to be made and you are unable to contact me,

I authorize \_\_\_\_\_ to make that  
decision for me.

Do you have equine insurance?  Yes  No

If yes, which company do you use, and which horses are covered?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list which horses are candidates for Colic Surgery if necessary to save life:  
(average \$5000-\$8000 at Pilchuck)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you/caretaker able to trailer in an emergency?  Yes  No