



Consent for Emergency Care and Treatment Release

The veterinarians at Triangle Equine strive to offer the best care and communication for our clients and their horses on a daily basis. Many of the routine and emergency services that we provide carry risks which come up unexpectedly. We recognize that sometimes the urgency of the situation prevents you, the owner, from attending the procedure. It may be that you are out of town, or just do not live in the area.

We want to give your horse top notch veterinary care with no reservations in any circumstance. If an emergency arises or an invasive procedure is necessary, we will always try to contact you. We will explain the known risks, give you an estimate of costs, and discuss the prognosis of the situation. In the unusual event that we may be unable to reach you, we ask that you complete this release ahead of time. The release authorizes us to provide veterinary care in your absence and allows you to let us know if there is anything that you do not give us permission to do. It also gives you the opportunity to let us know who else is authorized to make these important decisions on your behalf.

Name: _____

Address: _____

Telephone number(s): _____ **(home)**
_____ **(cell)**

A) Horse Information

1. Horse: _____ Monetary limit authorized for this horse:
Description (age/breed/etc.): _____ \$ _____

Horse is stabled at: _____ Contact #: _____
Does your horse have any known allergies or special concerns? Yes No
If yes, please specify: _____

2. Horse: _____ Monetary limit authorized for this horse:
Description (age/breed/etc.): _____ \$ _____

Horse is stabled at: _____ Contact #: _____
Does your horse have any known allergies or special concerns? Yes No
If yes, please specify: _____

****Please include a list of any additional horses you have, or indicate that same applies to all.***
 Same applies to all horses I own.

B) Insurance

If your horse is insured, please attach a copy of all insurance information. Be sure to include name of insurance company, telephone number, fax number, address, and type of coverage.

If you have questions, or would like more information about insuring your horse, please contact our office.

C) Horse Trailer

Do you own a horse trailer or have one available to haul your horse in the event of an emergency?

Yes, I own a horse trailer Yes, I have a horse trailer available No

*If you do not have a trailer available, we highly recommend that you make these arrangements soon so that you are prepared in case of an emergency with your horse. Please call our office if you would like help or suggestions when making these arrangements.

Location of trailer:

Barn name: _____

Address: _____

Phone: _____ (home)
 _____ (cell)

Contact of available hauler:

Name: _____

Address: _____

Phone: _____ (home)
 _____ (cell)

D) In my absence, I appoint the following individual(s) as an authorized representative(s) to make treatment decisions on behalf of the horses listed above:

1: Name: _____

Address: _____

Phone: _____ (home)
 _____ (cell)

2: Name: _____

Address: _____

Phone: _____ (home)
 _____ (cell)

_____ [initial here] I authorize the doctors of Triangle Equine to administer whatever care and/or medications necessary to treat my horse(s) in the event of an emergency excluding the following procedures: _____

_____ [initial here] I authorize services/care/medications up to a monetary limit (outlined on reverse) for each horse.

_____ [initial here] I will assume full responsibility for payment of all veterinary services rendered.

_____ [initial here] I authorize this form to be valid for any horses that I purchase in the future.

_____ [initial here] I authorize this release to be valid for the current and future services, thus preventing the need for additional signatures and forms in the future.

Name (Print) _____

Signature _____

Date: _____