



## Emergency Treatment Authorization

In the event of a veterinary emergency involving your horse, every effort will be made to contact you regarding your horse's current condition. If however, decisions need to be made and procedures need to be performed in your absence, this form will act as a GUIDELINE for treatment of your horse. This release authorizes us to provide veterinary care in your absence and allows you to inform us of anything you do not authorize. It also gives you the opportunity to let us know who is authorized to make these important decisions on your behalf.

### Your Information

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ (cell) \_\_\_\_\_ (home)

\_\_\_\_\_ (work) \_\_\_\_\_ (other)

Email: \_\_\_\_\_

### Authorized Representatives

In my absence or the event that I cannot be reached, I allow the following people to make treatment decisions for the horses listed below:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

*(Please 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 Orange County Equine Veterinary Services)*



4. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone: \_\_\_\_\_

**Horse(s) Information:**

1. Horse (Barn and Show Name): \_\_\_\_\_  
Breed: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Address where horse located: \_\_\_\_\_  
Allergies or Special Concerns: \_\_\_\_\_  
Monetary limit authorized for treatment for this horse: \$ \_\_\_\_\_  
This horse IS \_\_\_\_\_ or IS NOT \_\_\_\_\_ insured (if yes, complete the following):  
Type: \_\_\_\_\_ Surgical \_\_\_\_\_ Major Medical \_\_\_\_\_ Mortality \_\_\_\_\_ ColicCare/EqCo  
Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Expiration: \_\_\_\_\_  
Contact name and phone: \_\_\_\_\_

2. Horse (Barn and Show Name): \_\_\_\_\_  
Breed: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Address where horse located: \_\_\_\_\_  
Allergies or Special Concerns: \_\_\_\_\_  
Monetary limit authorized for treatment for this horse: \$ \_\_\_\_\_  
This horse IS \_\_\_\_\_ or IS NOT \_\_\_\_\_ insured (if yes, complete the following):  
Type: \_\_\_\_\_ Surgical \_\_\_\_\_ Major Medical \_\_\_\_\_ Mortality \_\_\_\_\_ ColicCare/EqCo  
Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Expiration: \_\_\_\_\_  
Contact name and phone: \_\_\_\_\_

*(Please 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 Orange County Equine Veterinary Services)*



3. Horse (Barn and Show Name): \_\_\_\_\_  
Breed: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Address where horse located: \_\_\_\_\_  
Allergies or Special Concerns: \_\_\_\_\_  
Monetary limit authorized for treatment for this horse: \$ \_\_\_\_\_  
This horse IS \_\_\_\_\_ or IS NOT \_\_\_\_\_ insured (if yes, complete the following):  
Type: \_\_\_\_\_ Surgical \_\_\_\_\_ Major Medical \_\_\_\_\_ Mortality \_\_\_\_\_ ColicCare/EqCo  
Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Expiration: \_\_\_\_\_  
Contact name and phone: \_\_\_\_\_

*(\*\* Owners with more than three horses please provide information on additional sheets.)*

### Referral

I authorize the following horses to be referred to a secondary facility for emergency treatment or surgery if the doctors at Orange County Equine Veterinary Services, in their professional opinion, conclude that said horse may benefit from this emergency referral.

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

Colic is the most common emergency and the most common to be referred to a hospital, but I understand that other emergencies may need to be hospitalized and surgery may need to be performed. I understand that the typical treatment costs for a medical colic starts from \$2,500 to \$3,000 and treatment for a surgical colic starts from \$7,000 to \$15,000, but costs can vary depending on the condition and hospital.

I authorize my horse(s) to be sent to a referral hospital for (please indicate individual horse from list above or state "ALLL for all horse included in list above):

- Medical management only if colic: \_\_\_\_\_
- Medical and/or surgical treatment of a colic: \_\_\_\_\_
- Monetary limit authorized for colic or other ER: \_\_\_\_\_

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My referral facility of choice is listed below, or I authorize the attending veterinarian to choose the hospital. \_\_\_\_\_ Initial

Preferred referral hospital: \_\_\_\_\_

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

Address: \_\_\_\_\_

*\*Please be aware that many referral facilities will not admit patients without a deposit or a payment by you or your authorized agent. It is advisable to make arrangements with your authorized representative(s) in advance for this type of situation.*

*\*\*Please note that if the horse is insured, the insurance company may require that surgery be attempted. Attempts to contact your insurance company will be made by the attending veterinarian and referral hospital.*

**Transportation:**

In the event that my horse needs to be hospitalized, my preferred hauler(s) is/are:

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

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

If these people are unavailable, the attending veterinarian will contact other shippers. I understand that payment for the hauler is my responsibility and not included in the monetary limit provided earlier.

**Euthanasia**

If the doctors of Orange County Equine Veterinary Services determine that my horse 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 following horse(s) for humane reasons. Attempts will be made to contact your insurance company if applicable.

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*(Please 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 Orange County Equine Veterinary Services)*



**Payment**

I will assume full responsibility for payment of all services rendered, including those by Orange County Equine Veterinary Services, the referral hospital, hauler and livestock disposal.

**Comments or Additional Instructions**

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**Signature**

I, (please print) \_\_\_\_\_, declare that I am the owner of the horse(s) described above. I have authority to execute this consent and am over the age of 18 years old. I hereby authorized and direct the veterinarians of Orange County Equine Veterinary Services to perform the necessary procedures on my horse(s) as outlined above. I have thoroughly read and fully understand this consent form.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

*(Please 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 Orange County Equine Veterinary Services)*