



Living Will

I, _____, the owner of the following horse
_____ consent to provision of routine or emergency
veterinary services by _____ when such services are needed
for my animal.

The best numbers to reach me are _____
Alternate contact person (name and numbers): _____

I grant permission to _____ to act as my agent should it
become necessary if I am unavailable via telephone. If it should become
necessary to refer this animal to a hospital for further treatment I would like
the animal to go to _____.

The above animal is/is not (circle) insured. Name and phone number of
insurance company if insured, _____.

I will spend a maximum of _____ to save this animal. If
veterinary treatment is unable to save this animal I give consent for humane
euthanasia and I would like the body disposed of by _____. I
agree to pay the reasonable fees for these veterinary services within 30 days
of receiving the initial billing statement.

Signature of Owner _____ Date _____

Witness _____ Date _____