



Lodi Veterinary Care™
CLINIC · MOBILE · EMERGENCY

Equine Treatment Consent Form

Dear Horse Owner,

In the event of a veterinary treatment or emergency involving your horse, every effort will be made to contact you regarding your horse's current situation. If, however, decisions need to be made and procedures need to be performed in your absence, this form will serve as a GUIDELINE for treatment of your horse.

Horse Owner, First Name

Last Name

Address

Birth Date (month/day/year)

Additional address (need street address if you have a P.O. Box)

City

State

Zip

Parent/Guardian Name if under age 18

Home phone # with area code

Cell phone # with area code

Work phone # with area code

Emergency Contact Name

Emergency phone # with area code

Alternate Emergency Contact Name

Alternate Emergency phone #with area code

Horse's Barn Name

Horse's Registered Name (optional)

Gender

Date of Birth

Breed

Color



Lodi Veterinary Care™

CLINIC · MOBILE · EMERGENCY

Vaccination History

Dates (When did your horse last receive these?)

EWT/West Nile Virus	
Rhino/Flu	
Strangles	
Rabies	
Potomac Horse Fever	
Teeth Floating	

I, _____ as the owner of the horse known as _____, stabled at _____ (barn name and address), do give my permission for veterinarians of the barn owner/manager's choosing to perform services on the above named horse in my absence. I appoint said barn owner/manager, _____, to make medical decisions regarding my horse's care in the event that I and my emergency contacts are unreachable.

The veterinarians may use their best judgment in determining if my horse can be saved within a reasonable medical probability and financial practicality with a cost cap of \$ _____. I agree to assume full financial responsibility for these services. I ___HAVE or ___HAVE NOT contacted a veterinary office to make financial arrangements in case of emergency.

My horse ___ IS or ___ IS NOT insured.

Type: ___ Major Medical ___ Surgical ___ Mortality ___ PreventiCare

Company: _____

Policy Number: _____

Contact Name and Telephone Number: _____

I ___ WOULD or ___ WOULD NOT want my horse hospitalized if necessary for emergency treatment or surgery if the veterinarians of said barn owner/manager's choosing, in their professional opinion, conclude that my horse would benefit from this emergency hospitalization.

Prior arrangements must be made for transporting your horse to the referral facility.

Name of Hauler: _____

Telephone Number: _____



Lodi Veterinary Care™

CLINIC · MOBILE · EMERGENCY

If the veterinarians determine that my horse cannot be saved due to the severity of the condition and/or financial constraints, I hereby authorize them to euthanize my horse for humane reasons.

APPROVE/YES DENY/NO Other person may make this decision listed: _____

Again, every effort will be made to contact you in the event of an emergency. If you know you are going to be out of town, please leave phone numbers where you may be reached with your horse's caretaker, barn owner/manager, and your routine veterinary office.

Additional Comments/Instructions: _____

Signature of Horse Owner

Date

Signature of Parent/Guardian if under age 18

Date