



EMERGENCY SERVICE CONSENT FORM

Client Name: _____

Mailing Address: _____

Phone: _____

Horse(s): _____

(name, breed, age, sex, color)

In the event of a medical emergency involving my horse(s), every effort should be made to contact me regarding my horse's emergency situation. My cell phone number is _____.

The address and phone number of where I am staying is: _____.

The caretaker of my horse(s) while I am away is _____. His/her phone number is _____. This person's relation to me is _____.

My horse(s) is located at _____.

If, however, decisions need to be made or procedures need to be performed in my absence, please use this form as a guideline. My above named caretaker should be contacted and is allowed to make medical decisions on my behalf in the instance I am not able to be reached.

I, _____, the owner of the above named horse(s), do give permission for Dr. Miranda Noseck, and/or the on-call Equine Veterinarian for her practice, if she is not available, or any Equine Veterinarian referred by her, to perform services on the above named animals in my absence.

If the emergency has potential to be life-threatening, the doctors may use their best judgement in determining if my animal can be saved within a reasonable medical probability and financial practicality with a cost cap of \$_____ per animal.

I agree to assume full financial responsibility for these services. A credit card is on-file with Dr. Miranda Noseck, DMV Inc.

My horse(s) IS or IS NOT insured. (CIRCLE ONE). My insurance company and phone number is listed below:

If it is determined that medical management of an illness is best suited in the hospital setting, in order to ensure the best possible outcome, my horse IS or IS NOT a candidate to be hospitalized. (CIRCLE ONE)

If it is determined that surgical intervention is needed in order to preserve quality of life for my animal, my horse IS or IS NOT a surgical candidate. (CIRCLE ONE)

If it is determined that my horse cannot be saved due to the severity of the medical condition and/or financial constraints outlined above, I hereby authorize my animal to be humanely euthanized. Additional comments are included on the back of this page if needed.

Signature of Owner: _____ Date: _____

Printed name of Owner: _____