



### Vacation and Emergency Consent Form

In the event of a medical emergency involving my animal (s), every effort should be made to contact me regarding my horse's current situation. To facilitate, here are the phone numbers where I can be reached throughout my vacation/leave, as well as the people watching my animal (s).

Date of Leave/Vacation: From \_\_\_\_\_ To \_\_\_\_\_

Owner Contact Number: \_\_\_\_\_

Secondary Owner Contact Number: \_\_\_\_\_

Caretaker's Name: \_\_\_\_\_

Caretaker's Number: \_\_\_\_\_

Secondary Caretaker's Name: \_\_\_\_\_

Secondary Caretaker's Number: \_\_\_\_\_

If, however, decisions need to be made or procedures need to be performed in my absence, please use this form as a guideline.

I, \_\_\_\_\_, the owner of the following:

(Please include registered names and nick names)

_____	_____
_____	_____
_____	_____

who are boarded at the following address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

do give my permission for the veterinarians of Prices Creek Veterinary Service to perform services on the above named animals in my absence.

If the emergency is more severe, the doctors may use their best judgment 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.

