

T(937) 962-7035 F(937) 962-7035



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 this form as a guideline.	e or procedures ne	ed to be performed in my absence,	please use
l,		_, the owner of the following:	
(Please include registered names and r			
who are boarded at the following addr			
Street:			
City:	State:	Zip Code:	
do give my permission for the veterina above named animals in my absence.	rians of Prices Cre	ek Veterinary Service to perform sei	rvices on the
If the emergency is more severe, the d can be saved within a reasonable medi \$(Per Anim I agree to assume full financial response	ical probability and al).	d financial practicality with a cost ca	•

My animal	is insured	is not insured.			
If yes, it is unde	r the following	type (s) of insurance:			
Mortality	Surgical	Major Medica	al		
Name of Insura	nce Company: _		Policy #:		
Contact name a	nd telephone n	umber:			
or surgery if the	doctors at Pric	es Creek Veterinary Se	ervice, in their profe	cility for emergency treatment ssional opinion, conclude that ral surgery is needed, I	
1.	Emergency equine colic surgery and uncomplicated follow-up can range from \$4,000.00 to \$11,000.00.				
2.	Different secondary facilities have different monetary requirements upon admission, and I have made provisions with my animal's sitter to provide for these requirements.				
3.	I have made prior arrangements for transporting my animal to the secondary facility of my choice. Name of Transporter: Telephone Number:				
	Prices Creek		attempt to contact	eached, I give my permission to another suitable hauler and will	
4.	My insurance companydoesdoes not require that surgery be attempted.				
cannot be saved	d due to the sev			determine that my animal nstraints, I hereby authorize	
Signature of Ow	vner:		Da	te:	
Print Name of C	lwner:				