IN CASE OF EMERGENCY

0	HORSE NAME:	BREED:	BORN:
	Description / markings: Allergies: Quirks: Medicine: Passport number:		
9	EMERGENCY CONTACTS IN CASE	OF HORSE EMERGENCY	
	OWNER:	PHONE:	
	EMAIL:	OTHER:	
	SECONDARY CONTACT		
	NAME:	PHONE:	
	EMAIL:	OTHER:	
	VETERINARY SERVICES		
	REGULAR VET:	PHONE:	
	BACKUP VET:	PHONE:	
	FARRIER		
	NAME:	PHONE:	
	INSURANCE — YES / NO		
	COMPANY:	PHONE:	
	INSTRUCTIONS IN CASE OF EMER	GENCY WITH HORSE	

IN CASE OF EMERGENCY

EMERGENCY CONTACTS IN CASE OF OWNER/RIDER INJURY		
NAME:	PHONE:	
EMAIL:	OTHER:	
SECONDARY CONTACT		
NAME:	PHONE:	
EMAIL:	OTHER:	
OWNER MEDICAL INFORMAT Allergies: Medications:		
OTHER INFORMATION		

IN CASE OF EMERGENCY

•	EMERGENCY DIRECTIVES The owner(s):			
	hereby authorise:			
	to make decisions on behalf of above specified owner(s), if owner(s) cannot be			
	reached.			
	In the event that owner(s) nor secondary emergency contact (listed on page 1) cannot			
	be reached, I authorise the following:			
	Colic Surgery ■ YES ■ NO			
	♦ Vet procedure with a good prognosis of returning to usable riding condition YES NO			
	◆ Vet procedures costing at most:			
	♣ Euthanasia in extreme circumstances if horse is suffering(e.g. catastrophic injury)YESNO			
	In case of euthanasia, first call insurance company YES NO			
	OTHER INFORMATION			
	DATE & PLACE: OWNER(S) SIGNATURE(S)			