

EMERGENCY CARE CLAUSE: **NOTE: the reason for this clause is for the acute, severe colic case or severe injury. For most of these emergencies time is of the essence IF surgery or emergency care is to be effective. This form, properly filled out, will help us give prompt treatment to your horse in the manner you wish, in the event that you cannot be reached. Should the horse you have boarded at _____ Farm Name experience a case of colic or be severely injured or acquire a serious illness and you are not available, the _____ Farm Name representative should:

Have the attending _____ Farm Name veterinarian institute the appropriate treatment that can be carried out on the farm but DO NOT SHIP to a veterinary clinic. If the horse cannot be saved by the attending veterinarian on the Farm, I authorize the horse to be euthanized.

initial

If, in the opinion of the attending _____ Farm Name veterinarian, the horse requires prompt surgical intervention and/or intensive care in order to save its life, SHIP THE HORSE to an appropriate equine veterinary clinic. In the case of severe colic, exploratory surgery is necessary to discover what is causing the pain. This surgery costs approximately \$1800.

_____ initial At this point the attending veterinarian at the equine clinic can give the _____ Farm Name representative a fairly good estimation of the probability of survival and the costs. At this point I authorize the _____ Farm Name representative to:

A_____ Have the veterinarian do whatever is deemed necessary to try to save the horse without consideration of expense.

B_____ Have the veterinarians do whatever they can to save the horse but limit the costs to \$_____ (fill in the amount in excess of \$1800.) If, in the estimation of the veterinarians, the horse cannot be saved for the limit I am setting, the _____ Farm Name representative is authorized to have the horse euthanized.***NOTE: Most of the surgical colic cases end up costing in the \$3500 to \$5000 range. However, some have been to \$10,000 and above, depending on particular cause and complications.

Please check the appropriate box and INITIAL. If you have marked the second option you MUST mark either A or B. BE ASSURED THAT WE WILL MAKE EVERY ATTEMPT TO CONTACT YOU and will act in the best interests of your horse and within the limits you have indicated.

I have read the emergency care clause and authorize the actions I have indicated above:

_____ Date

_____ Owner/Agent Signature

NAME OF HORSE COVERED BY THIS AGREEMENT _____

LIST ALL PHONE NUMBERS where we should attempt to reach you: _____

NOTE: if your horse is insured you may be required to do what is necessary to save the horse regardless of cost to abide by the policy. Name, address and phone number of Insurance Company: _____