

Emergency Release Form

Please answer all of the following questions. In the unlikely event that a medical emergency arises and we are unable to contact you:

Is your horse a surgical candidate?

Do we have your permission to transport your horse to a clinic if that is the advise of the attending veterinarian?

Is your horses covered by insurance? _____

If so, who is your provider? _____

Policy number: _____

If your horse is a surgical candidate please fill out the following credit card information to ensure prompt treatment.

Type of card: _____

Card number and expiration date:

Name and address of card holder: _____

Phone numbers:

Authorized
signature: _____