



PO Box 27  
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equineveterinaryservice.com

## Emergency Treatment Consent Form

Dear Horse Owner,

In the event of a veterinary emergency involving your horse, every effort will be made to contact you regarding your horse's current situation. If, however, decisions need to be made and procedures need to be performed in your absence, this form will serve as a GUIDELINE for the treatment of your horse.

I, \_\_\_\_\_, as the owner of the horse known as \_\_\_\_\_, stabled at \_\_\_\_\_, do give my permission for the veterinarians of Equine Veterinary Service, LLC to perform services on the above named horse in my absence. I appoint \_\_\_\_\_ to make medical decisions regarding my horse's care in the event that I am unreachable.

The doctors may use their best judgment in determining if my horse can be saved within a reasonable medical probability and financial practicality with a cost cap of \$\_\_\_\_\_. I agree to assume full financial responsibility for these services. I \_\_\_HAVE or \_\_\_HAVE NOT contacted Equine Veterinary Services, LLC to make financial arrangements in case of emergency.

My horse \_\_\_IS or \_\_\_IS NOT insured.

Type: \_\_\_Major Medical \_\_\_Surgical \_\_\_Mortality \_\_\_Preventive Care

Company:\_\_\_\_\_

Policy Number:\_\_\_\_\_

Contact Name and Telephone Number:\_\_\_\_\_

I \_\_\_WOULD or \_\_\_WOULD NOT want my horse hospitalized if necessary for emergency treatment or surgery if the veterinarians of Equine Veterinary Services, LLC, in their professional opinion, conclude that my horse would benefit from this emergency hospitalization. Be advised that, if emergency hospitalization or surgery is elected, your horse would need to be referred to a Hospital facility and the following must be considered:

1. Which facility would I like to be referred to (ie University of Illinois, MidRivers, etc)
2. Medical treatment of colic with hospitalization and intravenous fluids typically costs approximately \$800-2000 per day.
3. Emergency colic surgery and follow up care can cost from \$8,000-12,000.
4. Generally a minimum of a 50% deposit is required by Hospital facility that your horse is referred to on admission. In your absence, provisions should be made in advance.

If your horse is insured for mortality, the insurance company may require that surgery be attempted, if appropriate, before a claim will be rewarded. Please check your policy and be aware of this.

If the doctors of Equine Veterinary Service, LLC determine that my horse cannot be saved due to the severity of the condition and/or financial constraints, I hereby authorize them to euthanize my horse for humane reasons.

Again, every effort will be made to contact you in the event of an emergency. If you know you are going to be out of town, please leave phone numbers where you may be reached with your horse's caretaker, or at our office.

AdditionalComments/Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_