

Coastal Veterinary Medicine Inc-Emergency Consent Form

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 Dr. Silvia Colladay of Coastal Veterinary Medicine Inc 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 doctor may use her 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 Coastal Veterinary Medicine Inc to make financial arrangements in case of emergency.

My horse _____ IS or _____ IS NOT insured.

Type: _____Major Medical _____Surgical _____Mortality _____PreventiCare

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 Dr. Silvia Colladay of Coastal Veterinary Medicine Inc, in her professional opinion, conclude that my horse would benefit from this emergency hospitalization.

Prior arrangements must be made for transporting your horse to the referral facility.

Name of Hauler: _____

Telephone Number: _____

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 Dr. Silvia Colladay of Coastal Veterinary Medicine Inc determines that my horse cannot be saved due to the severity of the condition and/or financial constraints, I hereby authorize her 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.

Additional

Comments/Instructions: _____

Signature: _____

Name: _____ Date _____

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