



VETERINARY TREATMENT CONSENT FORM

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 condition. However, sometimes situations occur when you as the owner may not be available and decisions regarding the treatment of your horse need to be made in a timely manner. If this occurs, this form will be used as a GUIDELINE for treatment of your horse. We want to give your horse the best veterinary care with no reservations in any circumstance. If an emergency arises or an invasive procedure is necessary, we will always attempt to contact you. We ask that you complete this form to be used as a guideline in the unusual event that we may not be able to reach you. The release authorizes us to provide veterinary care in your absence and allows you to inform us of anything that you do not authorize in your absence. It also gives you the opportunity to let us know who else is authorized to make these important decisions on your behalf.

I, _____, as the owner of the following horse:

_____, Stabled at Serendipity Sanctuary am completing this form to be used in the event of a veterinary emergency where I cannot be reached.

I appoint the following individual(s) as a representative(s) to make medical decisions regarding my horse's care:

Name of Representative(s): Jessica Heaton (owner of Serendipity Sanctuary LLC) Phone Number(s): 720-473-1353

I would like my representative to make medical decisions for my horse(s) up to my set monetary limit (listed below) in the event that I am unreachable. _____ (initial)

I authorize services/care/medications up to a monetary limit of \$_____ per horse. I assume full responsibility for payment for all veterinary services rendered. _____ (initial)

My horse IS or IS NOT insured (underline)

Major Medical Surgical Mortality Preventive Care

Company: _____

Policy Number: _____

Contact Name and Telephone Number: _____

I WOULD or WOULD NOT (underline) want my horse hospitalized if necessary for emergency treatment or surgery if the veterinarians of Iron Horse Equine Medical & Surgical Services, in their professional opinion, conclude that my horse would benefit from this emergency hospitalization. In the event that your horse requires surgery, such as colic, I WOULD or WOULD NOT want my horse(s) to be referred to a surgical/referral facility. If surgery is an option, do you have a preference where your horse is transported? Yes or No

Preferred facility: _____

If the veterinarians at Iron Horse Equine Medical & Surgical Services determine that your horse cannot be saved due to the severity of the medical condition and/or financial restrictions, I hereby authorize them to euthanize my horse for humane reasons. _____ (initial) Again, every effort will be made to contact you in the event of an emergency. If you know that you will be out of town, please leave phone numbers where you may be reached with your horse's caretaker or with Iron Horse Equine Medical & Surgical Services.

Additional comments/instructions:

Signature: _____

Name: _____ Date: _____

We recommend that you print and sign two copies of this consent form.