



Danah Nuest, DVM
Mandy Kozlowski, Technician
 P.O. Box 209 · Hebron, IN 46341
 (219) 313-8628 · FX (219) 996-2717
 www.greenerpasturesvet.com

Emergency Treatment Consent Form

In the event of a medical emergency involving my horse(s), every effort should be made to contact me regarding my horse's current situation. To facilitate this I have left a copy of phone numbers where I can be reached throughout my vacation / leave as well as the length of stay with both the people watching my horse(s) as well my veterinarian. If, however, decisions need to be made or procedures need to be performed in my absence, please use this form as a guideline.

I, _____, as the owner of the horse(s)
(please include both registered names and nick names)

which are stabled at _____

do give my permission to Greener Pastures Veterinary Clinic, Inc. to perform services on the above named horses in my absence.

If the emergency is more severe, the doctor may use her best judgement 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.

My horse(s) ___ is ___ is not insured. If yes, he is under the following type(s) of insurance: ___ mortality ___ surgical ___ major medical ___ other _____.

Name of insurance company _____

Policy number _____

Contact name and Telephone number _____

Policy requirements on when to contact the insurance company _____

I ___ would ___ would not want my horse referred to a secondary facility for emergency treatment or surgery if Greener Pastures Veterinary Clinic, Inc., in their professional opinion, conclude that my horse may benefit from this emergency referral. My preferred secondary facility would be _____

_____.

If emergency referral surgery is needed, I understand the following:

1. Emergency colic surgery and follow up care can range from \$2500.00 to \$5000.00 with an approximate 50% chance of return to function.
2. Different secondary facilities have different monetary requirements upon admission. My facility of choice requires _____
_____ and I have made provisions with my horse's sitter to provide for this requirement.
3. I have made prior arrangements for transporting my horse to the secondary facility of my choice.
Name of Hauler _____
Telephone Number _____
In the event that my preferred hauler can not be reached or if I do not have any prior arrangements made, I give my permission to Greener Pastures Veterinary Clinic, Inc. to attempt to contact another suitable hauler and will assume this financial obligation as well.
4. My insurance company ___ does ___ does not require that surgery be attempted.

If the Greener Pastures Veterinary Clinic, Inc. determine that my horse can not be saved due to the severity of the condition and/or financial constraints, I hereby authorize them to euthanize my horse for humane reasons.

Any additional comments: _____

Signature of Owner _____

Date _____