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### **Emergency/Treatment Consent Form**

Dear Horse Owner:

*In the event of a veterinary emergency involving your horse, or your horse is boarding or being cared for by someone in your absence, every effort will be made to contact you regarding your horse's medical 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.*

I, \_\_\_\_\_, as the owner of the horse(s) known as \_\_\_\_\_

Stabled at \_\_\_\_\_, do give permission for the veterinarians at Dover Equine Veterinary to perform veterinary treatment on the above named horse(s) in my absence.

In the event I am unreachable, I authorize the following individual(s) to make needed medical decisions on my behalf.

Name of Representative(s): \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

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

I have a credit card on file with Dover Equine Veterinary. \_\_\_\_\_ YES \_\_\_\_\_ NO (please initial) If no, please call the office to place a card on file. This consent form will only be considered valid with a current credit card on file.

My horse is insured. \_\_\_\_\_ YES \_\_\_\_\_ NO (please initial)

If insured, policy information: \_\_\_\_\_

In the event that your horse requires surgery, such as colic, would you want your horse to be referred to a surgical/referral facility? \_\_\_\_\_ YES \_\_\_\_\_ NO (please initial)

If surgery is a viable option, do you have a preference where your horse is transported? \_\_\_\_\_

For example, Woodside Equine Clinic or Blue Ridge Equine Clinic. \_\_\_\_\_

Prior arrangements must be made by you or your representative for transporting your horse to a referral facility.

Name and phone number of hauler: \_\_\_\_\_

If the veterinarians at Dover Equine Veterinary 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.

Printed name \_\_\_\_\_ Signature \_\_\_\_\_

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 Dover Equine Veterinary.

Additional comments/instructions:

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

I authorize this form to be valid for treatment of any/all horses I own presently, and in the future.

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

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

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

Note: We recommend that you print and sign 2 copies of this consent form. Leave one copy with your horse's caretaker and one copy with Dover Equine Veterinary.