



Kat Black Equine LLC

## VET/EMERGENCY INFORMATION

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Horse Name Registered:

Horse Barn Name:

Description (Color/Markings):

Breed:

Year Foaled/Age:

Height:

Weight:

Medical History (Reoccurring issues/Surgeries/Colic):

Problem/Year	How Resolved

Current/additional issues:

Vet records:



Owner/Boarder Name:

Own or Lease this Horse:

Cell Number:

Alternate Phone Number(s):

If you Lease, what is the Owner's Name/Cell Phone?

Are you Financially Responsible for this Horse?

If No, Name/Cell Phone of the Responsible Party?

Is Horse insured?

Insurance Co Name/Number:

In the event of an emergency, what are your wishes for your horse? (Attach separate sheet if needed.) Is the horse a candidate for surgery (non-colic)?

Is the horse a candidate for colic surgery?

Is there an "up to" dollar amount that you would authorize for treatment of your horse?

Emergency Contacts: In the event of an emergency, we will contact the following people to make medical treatment decisions on your behalf in the event that you cannot be reached. Please make sure your emergency contacts know your wishes for your horse.

Name:

Relationship:



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Phone:

Name:

Relationship:

Phone:

In the event of an emergency, stabilizing and initiating veterinary treatment for your horse is our first priority. We will contact the horse owner as soon as it is feasible to do so. By providing the information on this sheet, you are authorizing your emergency contacts (and/or if they also cannot be reached, an agent of Kat Black Equine ) to speak to the attending veterinarian and to make decisions regarding treatment (including surgery or euthanasia) on your behalf in the event that your horse experiences a medical emergency and you cannot be reached.