

**MORGAN EQUINE VETERARY & FARRIER HOSPITAL ABSENT OWNER ANIMAL CONSENT FORM**

Today's Date:

Any person who presents the following horse(s) or dog(s) has my permission to treat:

Barn Name				AKA		
DOB	Color		Height Weight		Breed	Notes:No Known Allergies
Located at						
Insurance Information						
Barn Name				AKA		
DOB	Color		Height Weight		Breed	Notes:No Known Allergies
Located at						
Insurance Information						
Barn Name				AKA		
DOB	Color		Height Weight		Breed	Notes:No Known Allergies
Located at						
Insurance Information						

In the event of an emergency in my absence. All medical bills will be resolved in a reasonable manner upon my return. Billing Name & Address:

If there is an issue that requires treatment other than NSAIDS and simple bandaging or care, \$\_\_\_\_\_ may be used to stabilize \_\_\_\_\_ including a call fee. Otherwise he should be euthanized with out needing to make extraordinary attempts to contact me.

The sum of \$\_\_\_\_\_ may be used to provide stabilization for \_\_\_\_\_ before needing to contact me. A maximum amount of \$\_\_\_\_\_ for critical care is acceptable with attempted contact.

The sum of \$\_\_\_\_\_ may be used to provide stabilization for \_\_\_\_\_ before needing to contact me. A maximum amount of \$\_\_\_\_\_ for critical care is acceptable with attempted contact.

The horse(s) can be treated by Dr. \_\_\_\_\_ or Dr. \_\_\_\_\_ or go to \_\_\_\_\_ hospital for appropriate care if approved by either of those veterinarians.

The dog(s) can be treated by Dr. \_\_\_\_\_ or go to any hospital that can provide appropriate care. My preferred small animal hospital would be \_\_\_\_\_.

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In the event that \_\_\_\_\_, \_\_\_\_\_ or \_\_\_\_\_ is not going to live a "quality of life" and euthanasia is the appropriate treatment, they should be euthanized with my consent and NOT having to contact me to prevent further pain and suffering.

Euthanasia by single gunshot is acceptable if severe pain and suffering is occurring. Any marksman may administer with a .38 caliber hand gun. A cross between mid eye to mid ear, just slightly above center at 75' angle is appropriate.

Any qualified EQUINE DVM for the horse(s) and CANINE DVM for dog(s) with 6 or more years experience can make this decision unilaterally.

Please provide documentation of critical statistics. Intravenous Euthanasia fees will be covered up to \$150.00 per animal. Please contact me first if rendering is needed. Bodies will likely be recovered upon return.

I WILL NOT reimburse any person who trailers \_\_\_\_\_ to a hospital for treatment or any other expenses associated with critical emergency care.

I will reimburse any person who trailers \_\_\_\_\_ to a hospital for treatment or any other expenses associated with critical emergency care with a limit of \$ \_\_\_\_\_ for transportation.

If available, my truck and trailer can be used for transportation by any insured driver.

Please make a reasonable attempt to contact me as soon as possible.

Phone(s) accept phone calls, texts and emails. Please leave messages!

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

We are in \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Thank you for your help and consideration, we very much appreciate it!

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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**OUR TEAM**

<b>What Needs Attention?</b>	<b>Point Person</b>	<b>Phone Number</b>
Farm or Stable Maintenance		
Horse or Livestock Maintenance		
Dog or House Person		
Farrier		
Heater/Boiler/Water		
Electrician		
Extra Horse Person to Help		
Extra Horse Person to Help		
Large Equipment Operator		
Large Equipment Operator		
Short Distance Horse Transport		
Veterinarian for Horse	Dr.	
Veterinarian for Horse	Dr.	
Directions to Horse Hospital		
Veterinarian for Dog	Dr.	
Directions to Dog Hospital		
Additional Notes		