



CONSENT & AUTHORIZATION FOR EMERGENCY CARE

<<< **Submit by fax (585) 889-4635 or email gvec@gvequine.com** >>>

We want to give your horses the veterinary attention you want in ANY circumstance. If an emergency arises or an invasive procedure is necessary, we will always try to contact you. We will explain the known risks, give you an estimate of costs, and discuss the prognosis of the situation. In the event that we are unable to reach you, we ask that you complete this release. The release authorizes us to provide veterinary care in your absence and allows you to let us know if there is anything that you do not give us permission to do. *Please complete this form and email/fax back.*

In the event of an emergency, I, _____, authorize the clinic and doctors of Genesee Valley Equine Clinic to administer whatever care and/or medications necessary to treat my horse(s),

with the exclusion of the following:

I appoint the following individual(s) as an authorized representative(s) to make treatment decisions in my absence:

Authorized Representative Phone: _____ 2nd Phone: _____

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

I authorize this release to be valid for future services, thus preventing the need for additional signatures.

OWNER NAME: _____

OWNER ADDRESS: _____

OWNER PHONE/CELL: _____ 2nd PHONE: _____

EMAIL: _____ DATE: _____

NAMES OF HORSES OWNED AS OF THE DATE OF FORM COMPLETION (Use back if needed):

OWNER SIGNATURE: _____

I authorize this form to be valid for any horse that I purchase in the future.

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