

Emergency Care Authorization

Horse name _____

Markings or distinguishing features _____

Owner name _____

Address _____

Home phone _____ Cell phone _____

Horse knowledgeable friends:

Name _____ Phone _____

Name _____ Phone _____

Veterinarian: **Heartland Equine Health Center: Dr. John O'Keefe & Dr. Rachel Boyce**

Phone **(217) 793-6111**

To Whom It May Concern:

If my horse appears to be having a medical problem and I am not available, I authorize the following actions: (Check all that apply)

- Call veterinarian for initial exam and treatment. (Estimate cost up to \$350.00)
- Do advanced treatment such as blood work, fluid therapy, radiographs, etc. (Estimate cost up to \$800.00 or a \$_____ limit.)
- Referral to medical center or university for advanced treatment and surgery if needed. Preferred facility: _____
- Other: _____
- No treatment authorized without contacting me.

Friend with trailer to ship horse _____

Phone _____

Owner's Signature _____ **Date** _____