

OWNER ABSENCE TREATMENT CONSENT FORM

In the event of a medical emergency involving my animal(s), every effort should be made to contact me regarding my animal(s) current situation.. Below are the phone numbers where I can be reached throughout my absence, as well as the names and numbers of those who are caring for my animal(s). I have completed this entire form which clearly indicates my preferences should I not be able to, for any reason, answer my phone.

****Rocky Mountain Equine Clinic is also referred to as RMEC on this form****

OWNER'S NAME: _____

DATE OF ABSENCE: FROM: _____ TO: _____

PREFERED CONTACT NUMBER : _____

ALTERNATE CONTACT NUMBER: _____

EMAIL: _____

CARETAKER'S FULL NAME: _____

CARETAKER'S ADDRESS: _____

CARETAKER'S PHONE NUMBER: _____

ADDRESS OF BOARDING FACILITY(if relevant):

WILL CARETAKER HAVE ACCESS TO A TRAILER FOR HAULING PURPOSES IN THE EVENT OF AN EMERGENCY: [YES] [NO]

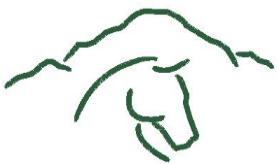
If decisions need to be made or procedures need to be performed in my absence, this form will be used to make decisions about the following horse(s)

(please include barn name and registered name).

_____(initial) I, the owner of the above listed animal(s), give my permission to the veterinarians at Rocky Mountain Equine Clinic to perform emergency services on the above-named animal(s) in my absence. If the emergency is life threatening, the doctors may use their best judgment in determining if my animal can be saved within a reasonable medical probability and financial practicality with a cost cap of: \$_____. I will pay for all services rendered in this cost cap at time of service.

_____(initial) I, the owner of the above listed animal(s), have decided that colic surgery is an option(circle or write one) [YES] [NO]. If the answer is no, is transportation to RMEC to try medical therapy (IV fluids and pain management) an option? Estimate for treatment at RMEC is \$2000-\$3000 (circle or write one) [YES] [NO]

_____(initial) If colic surgery, or other emergency surgery is an option (example, fractured limb that may be repaired by surgery), I, the owner of the above listed animal(s) give my permission



to the veterinarians at Rocky Mountain Equine Clinic to determine if transport to an Emergency clinic is necessary. In the event of a required transport to an Equine emergency hospital I prefer that my animal(s) be transported to:

_____ Littleton Equine Medical Center
_____ CSU Veterinary Teaching Hospital.

**The veterinarians at RMEC reserve the right to recommend referral to LEMC over CSU if time is of the essence (for example, a severe surgical colic).

**Arranging hauling is the responsibility of the owner listed on this form. RMEC does not have the capability of hauling your horse in any circumstance.

**The cost of colic surgery or any medical treatment performed is payable directly to the referral hospital and is in addition to the costs payable to RMEC for emergency care.

_____ (initial) If the veterinarians at Rocky Mountain Equine Clinic determine that my animal(s) cannot be saved due to the severity of the condition and/or financial constraints, I, the owner of the above listed animal(s) hereby authorize RMEC to euthanize my animal for humane reasons.

_____ (initial) I, the owner of the above listed animal (s) agree to assume full financial responsibility for these services. I will pay RMEC at time of service with a credit card over the phone.

_____ (initial) I, the owner of the above listed animal(s), have read this form fully, and understand that if I cannot be reached and my horse has an emergency, the veterinarians at RMEC will proceed with decisions authorized on this form.

Signature of owner (or electronically typed signature)

Date of signing