

**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** \_\_\_\_\_