



Absence Consent Form

In the event of a medical emergency involving my horse(s), every effort should be made to contact me regarding my horse's current situation.

To facilitate this I have left a copy of phone numbers where I can be reached throughout my absence as well as the length of stay with both the people watching my horse(s) as well my veterinarian.

If, however, decisions need to be made and/or procedures need to be performed in my absence, please use this form as a guideline.

I, _____, as the owner of the horse(s) listed below:

| Registered Name | Nick Name | Brief Description |
|-----------------|-----------|-------------------|
| | | |
| | | |

which is/are stabled at:

Name of Facility: _____

Address: _____

Contact Person/Phone at Facility: _____

do give my permission to Cedarbrook Veterinary Care, to perform services on the above named horses in my absence.

If the emergency is more severe, the veterinarians at Cedarbrook Veterinary Care may use their best judgement in determining if my horse can be saved within a reasonable medical probability and financial practicality with a cost cap of \$_____.

I agree to assume full financial responsibility for these services.

If the veterinarians at Cedarbrook Veterinary Care determine that my horse cannot be saved due to the severity of the condition and/or financial constraints, I hereby authorize them to euthanize my horse(s) for humane reasons.

Any additional comments:

Dated this _____ day of _____, 20____.

Printed Name of Owner

Signature of Owner

Phone Number of Owner

Email of Owner