



**Valley Crest Farm, Inc.  
Release for Equine Vet Treatment**

Horse:

Description:

In the event of a veterinary emergency concerning the care of the above horse, I, owner of the above horse, authorize Valley Crest Farm, Inc. to administer the following treatment if I cannot be contacted. (please check all that apply):

\_\_\_\_\_ Any veterinary treatments including calling a vet, surgical treatment and transport to a veterinary facility.

\_\_\_\_\_ Any veterinary treatment including calling a vet, **EXCLUDING** surgical treatment.

\_\_\_\_\_ Only that surgical approved by \_\_\_\_\_ Insurance  
Company. Phone: \_\_\_\_\_  
Policy #: \_\_\_\_\_

\_\_\_\_\_ Other: (please describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that Valley Crest Farm, Inc. will try to contact me, or my emergency contact, before making any veterinary decisions concerning the above horse. If I cannot be reached, I authorize Valley Crest Farm staff to administer any care and treatments to above horse before the vet arrives.

I further agree to fully reimburse Valley Crest Farm, Inc. for any and all financial expenditures made on behalf of the above horse for a veterinary emergency, including but not limited to transportation costs, medical supplies and/or deposits made to the medical facility.

\_\_\_\_\_ Signature  
\_\_\_\_\_ Print Name



Valley Crest Farm, Inc.

Horse:

Emergency Information:

Name of Boarder (and/or responsible party):

Address:

Home Phone:

Work Phone:

Cell Phone(s):

Emergency Contact (name and phone of person who can make medical decisions for the above horse if owner cannot be contacted):

Primary Veterinarian or group:

Phone:

Is this horse insured? (please circle) Yes No

If Yes, please complete the following:

Name of Company:

Claim/Emergency Phone Number:

Type of Insurance (Please check all that apply):

- Mortality
- Loss of Use
- Major Medical/Surgical

Signature

Date

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