



Crossroads Equine Veterinary Services, LLC

Michael S. White, DVM

Juliette L. Brown, DVM

814 Old Three Notch Rd
Ringgold, GA 30736
crossroadsequinevet@gmail.com

Phone: (423) 883-1426
Fax: (706) 375-5552
www.crossroadsequinevet.com

EMERGENCY TREATMENT CONSENT FORM

Dear Horse Owner:

In the event of a veterinary emergency involving your horse, every effort will be made to contact you regarding your horse's current condition. However, sometimes situations occur when you as the owner may not be available and decisions regarding the treatment of your horse need to be made in a timely manner. If this occurs, this form will be used as a GUIDELINE for treatment of your horse.

I, _____, as the owner of the horse known as _____,
Stabled at _____, do give permission for the veterinarians at Crossroads
Equine Veterinary Services to perform veterinary treatment on the above named horse in my
absence.

In the event that I am unreachable, I appoint the following individual (s)
_____ as a representative(s) to make needed medical decisions.

Name of Representative(s) _____
Phone Number _____

I authorize services/care/medications up to a monetary limit of \$_____ per horse. I assume full
responsibility for payment for all veterinary services rendered. ____ (initial here).

My horse is insured ____ yes OR ____ no.

If insured, policy information _____.

In the event that your horse requires surgery, such as colic, would you want your horse to be
referred to a surgical/referral facility? ____ yes OR ____ no?

If surgery is a viable option, do you have a preference where your horse is transported?
For example, University of Tennessee College of Veterinary Medicine.

Prior arrangements must be made by you or your representative for transporting your
horse to a referral facility.

Name and phone number of hauler: _____.

If the veterinarians at Crossroads Equine Veterinary Services determine that your horse cannot be “saved” due to the severity of the medical condition and/or financial restrictions, I hereby authorize them to euthanize my horse for humane reasons. _____ (*initial here*).

Again, every effort will be made to contact you in the event of an emergency. If you know that you will be out of town, please leave phone numbers where you may be reached with your horse’s caretaker or with Crossroads Equine Veterinary Services.

Additional comments/instructions:

Signature: _____

Name: _____

Date: _____

We recommend that you print and sign 2 copies of this consent form. Leave one copy with your horse’s caretaker and one copy with Crossroads Equine Veterinary Services.