



Pat Griffin, DVM, PhD, DACT
Howard R. Ketover, DVM
Lisa M. Nesson, DVM
Lauren Alderman, DVM, CVA, CVSMT
1848 Waldorf Boulevard
Madison, WI 53719
608-845-6006

Consent for Emergency Care and Treatment Release

The veterinarians at Irongate Equine Clinic strive to offer the best care and communication for our clients and their horses on a daily basis. Many of the routine and emergency services that we provide carry risks which come up unexpectedly. We recognize that sometimes the urgency of the situation prevents you, the owner, from attending the procedure.

We want to give your horse the best veterinary care with no reservations in any circumstance. If an emergency arises or an invasive procedure is necessary, we will always attempt to contact you. We ask that you complete this form to be used as a guideline in the unusual event that we may not be able to reach you. The release authorizes us to provide veterinary care in your absence and allows you to inform us of anything that you do not authorize in your absence. It also gives you the opportunity to let us know who else is authorized to make these important decisions on your behalf.

Name: _____

Address: _____

Phone: _____ (home) _____ (cell) _____ (work)

Email: _____

Horse Information

1. Horse: _____ Monetary limit authorized for this horse:
Breed _____ Age _____ Sex _____ \$ _____
(if no limit, please note this)

Horse is stabled at: _____ Contact: _____
Address of stable: _____
Phone: _____
Does this horse have any known allergies or special concerns? ___ Yes ___ No
If yes, please specify: _____

2. Horse: _____ Monetary limit authorized for this horse:
Breed _____ Age _____ Sex _____ \$ _____
(if no limit, please note this)

Horse is stabled at: _____ Contact: _____
Address of stable: _____
Phone: _____
Does this horse have any known allergies or special concerns? ___ Yes ___ No
If yes, please specify: _____

3. Horse: _____ Monetary limit authorized for this horse:
Breed _____ Age _____ Sex _____ \$ _____
(if no limit, please note this)

Dedicated to the health and well being of the horse
www.IrongateEquine.com

Horse is stabled at: _____ Contact: _____
Address of stable: _____

Phone: _____

Does this horse have any known allergies or special concerns? ____ Yes ____ No

If yes, please specify: _____

***Please attach information on any additional horses**

Referral

I authorize the following horses to be referred to a secondary facility for emergency treatment or surgery if the doctors at Irongate Equine Clinic, in their professional opinion, conclude that said horse may benefit from this emergency referral. **The monetary limit authorized previously in this document does not apply to referral facility charges. Please be aware that many referral facilities will not admit patients without a deposit or payment by you or your authorized agent. It is advisable to make arrangements with your authorized representative in advance for this type of situation.**

Horse(s) (as listed previously within this document) authorized for referral:

My referral facility of choice is listed below:

Referral Facility: _____ Phone: _____

Address: _____

_____ (initial here) I understand that costs incurred from a colic surgery can range anywhere from \$3,000 to \$7,000 or more and costs for an extensive laceration management referral can range from \$1,800 to \$3,000 or more.

Do you own a horse trailer or have one available to haul your horse to a referral facility in the event of an emergency?

____ Yes, I own a horse trailer ____ Yes, I have a horse trailer available ____ No

*If you do not have a trailer available, please make arrangements for the use of a trailer and/or hauler so that you are prepared in the event of an emergency and provide the following information:

Location of Trailer:

Location/Barn Name: _____

Address: _____

Phone: _____ (h) _____ (c)

Available Hauler:

Name: _____

Address: _____

Phone: _____ (h) _____ (c)

Insurance

My horse(s) IS ____ or IS NOT ____ insured.

Horse Name: _____

Type: ____ Major Medical ____ Surgical ____ Mortality ____ PreventiCare

Company: _____

Policy Number: _____ Expiration: _____

Contact Name: _____ Phone: _____

***Please attach information for any additional insured horses.**

Authorized Representatives

In my absence, I appoint the following individual(s) as an authorized representative(s) to make treatment decisions on my behalf for the horses listed within this document:

- | | |
|---|---|
| 1. Name _____
Address _____
Phone: _____ (home)
_____ (cell) | 2. Name _____
Address _____
Phone: _____ (home)
_____ (cell) |
|---|---|

Authorization

- _____ (initial here) I authorize the doctors of Irongate Equine Clinic to administer veterinary medical treatment to treat my horse(s) in the event of an emergency.
- _____ (initial here) I authorize services/care/medications up to a monetary limit (outlined previously within this document) for each horse.
- _____ (initial here) I will assume full responsibility for payment of all veterinary services rendered.
- _____ (initial here) I authorize this release to be valid for current and future services.
- _____ (initial here) If the doctors of Irongate Equine Clinic determine that my horse cannot be sufficiently treated and/or managed due to the severity of the condition and/or financial constraints, I authorize them to euthanize the following horse(s) for humane reasons.

Horses authorized to be humanely euthanized as specified above:

Signature

I, _____, declare that I am the owner of the horses described above. I have authority to execute this consent and am over the age of 18. I hereby authorize and direct the veterinarians of Irongate Equine Clinic to perform the necessary procedures on my horse(s) as outlined above. I have thoroughly read and understand this consent form.

Horse owner (print)

Signature of horse owner

Date

**Please retain a copy of this agreement for your records. Please also provide a copy to the stable where your horse resides, your authorized representative, and to Irongate Equine Clinic.

If you have any questions or concerns, please feel free to get in touch with us via
E-mail at Info@IrongateEquine.com or **Phone** at (608) 845-6006