



BEND EQUINE MEDICAL CENTER, LLP

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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 situation. If, however, decisions need to be made and procedures need to be performed in your absence, this form will serve as a GUIDELINE for the treatment of your horse.

I, _____, as the owner of the horse known as _____, stabled at _____, do give my permission for the veterinarians of Bend Equine Medical Center to perform services on the above named horse in my absence. I appoint _____ to make medical decisions regarding my horse's care in the event that I am unreachable.

The doctors may use their best judgment 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. I _____ HAVE or _____ HAVE NOT contacted Bend Equine Medical Center to make financial arrangements in case of emergency.

My horse _____ IS or _____ IS NOT insured.

Type: _____ Major Medical _____ Surgical _____ Mortality _____ PreventiCare

Company: _____

Policy Number: _____

Contact Name and Telephone Number: _____

I _____ WOULD or _____ WOULD NOT want my horse hospitalized if necessary for emergency treatment or surgery if the veterinarians of Bend Equine Medical Center, in their professional opinion, conclude that my horse would benefit from this emergency hospitalization.

Be advised that, if emergency hospitalization or surgery is elected, the following must be considered:

1. Medical treatment of colic with hospitalization and intravenous fluids typically costs approximately \$1500 per day.
2. Emergency colic surgery and follow up care can cost from \$4,500-10,000.
3. A minimum of a 50% deposit is required by Bend Equine Medical Center at admission. In your absence, provisions must be made in advance with either Bend Equine Medical Center or your horse's caretaker to provide for this down payment (i.e., credit card number, signed check, etc.). The remaining balance is due upon discharge of your horse.

Prior arrangements must be made for transporting your horse to the referral facility.

Name of Hauler: _____

Telephone Number: _____

If your horse is insured for mortality, the insurance company may require that surgery be attempted, if appropriate, before a claim will be rewarded. Please check your policy and be aware of this.

If the doctors of Bend Equine Medical Center 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 for humane reasons.

Again, every effort will be made to contact you in the event of an emergency. If you know you are going to be out of town, please leave phone numbers where you may be reached with your horse's caretaker, or at our office.

Additional

Comments/Instructions: _____

Signature: _____

Name: _____

Date: _____