



EMERGENCY CONTACT INFORMATION FOR BOARDED HORSES

Horse's name: _____

Description of horse: _____
(color, breed, age)

Owner name: _____ Cell phone: _____

Home phone: _____ Work phone: _____

Emergency Contacts:

1st:

Name: _____ Cell phone: _____

2nd:

Name: _____ Cell phone: _____

3rd:

Name: _____ Cell phone: _____

Emergency Directives:

Horse's owner(s), _____, (hereinafter "Owner(s)") authorize Emergency Contacts to make any emergency decisions on behalf of Owner(s), if Owner(s) cannot be reached. **Only in the event that neither Owners nor Emergency Contacts can be reached**, we request that HORSE does not undergo any emergency vet procedure that is estimated to exceed \$_____.

Owner

Date