



Consent for a Emergency Care

Owner: _____
Agent: _____
Horse _____

In case an emergency occurs when I, the owner, cannot be reached, I authorize the above named agent(s) to request emergency services from Performance Equine Veterinary Services for the above animal(s). I agree to pay for such veterinary care. I impose a \$_____ Limit on such veterinary care until my agent consents to more than this amount or I am contacted and provide permission to proceed with more extensive veterinary care.

If an illness or injury suffered by one or more of the above named animals is serious and requires a referral for specialty care, I authorize the attending veterinarian to refer such animal(s) for specialty care to NCSU Veterinary Medicine. I impose a \$_____ Limit on such specialty care until my agent consents to more than this amount or I am contacted and provide permission to proceed with more extensive veterinary care.

My horse is _____ or is not _____ insured.

Insurance company _____

Signature

Date