

EMERGENCY CLAUSE FORM

EMERGENCY CARE ***NOTE***: The main reason for this clause is for the acute, severe colic case. For many of them, time is of the essence if surgery is to be effective. This form, if properly filled out, will help your caretaker give prompt treatment to your horse in the manner you wish. Should the horse(s) you have boarded at *El Capitan Equestrian Center (E.C.E.C.)* experience a case of colic or serious injury or illness and you are not available for consultation, employees and their agents should:

_____ Have the attending facility veterinarian institute appropriate treatment that can be carried out at the facility, but **DO NOT SHIP** to veterinary clinic. If the attending veterinarian at the facility cannot save the horse(s), I authorize the horse to be euthanized.

_____ If, in the opinion of the attending veterinarian, the horse(s) requires prompt surgical intervention and/or intensive care in order to save its life, **SHIP THE HORSE** to an appropriate equine veterinary clinic. In case of severe colic, exploratory surgery is necessary to discover what is causing the pain. This surgery costs approximately \$1800. At this point, the attending veterinarian at the equine clinic can give the *E.C.E.C.* representative a fairly good estimate of the probability of survival and the costs. At this time, I authorize the *E.C.E.C.* representative to:

A _____ Have the veterinarian do whatever is deemed necessary to try to save the horse(s) without the consideration of expense.

B _____ Have the veterinarian do whatever they can to save the horse(s), but limit the costs to \$ _____ (fill in a dollar amount in excess of \$1800). If in the estimation of the veterinarians the horse(s) cannot be saved for the limit I am setting the *E.C.E.C.* representative is authorized to have the horse(s) euthanized. ***NOTE** Most surgical colic cases end up costing in the \$3500—\$5000 range. However, some have been to \$10,000 and above, depending on particular cause and complications.

Please check the appropriate box and initial. If you have marked the second option, you **MUST** mark either A or B. **BE ASSURED THAT *E.C.E.C.* REPRESENTATIVES WILL MAKE EVERY EFFORT TO CONTACT YOU** and will act in the best interest of your horse(s) and within the limits you have indicated.

I have read the emergency care clause and authorize the actions I have indicated above:

Date	Owner/Agent Signature

NAME OF HORSE(S) COVERED BY THIS AGREEMENT _____

NOTE: If your horse(s) is insured, you may be required to do what is necessary to save the animal regardless of cost to abide by the policy. Please provide *E.C.E.C.* a copy of your insurance policy and list the name, policy number, address and telephone number of insurance company:

PLEASE LIST ALL PHONE NUMBERS WHERE WE SHOULD ATTEMPT TO CONTACT YOU.

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WARRANTY: Owner warrants that he or she owns the horse(s) and that there are no liens against the horse(s). If an agent of owner executes this agreement, such agent warrants that he or she is duly authorized to act for and on behalf of the owner.