

Broad Run Veterinary Service, Inc.
33715 Snickersville Turnpike
Bluemont, VA 20135
540-554-2004 Phone
540-554-2285 Fax
www.broadrunvet.com

EMERGENCY AUTHORIZATION FOR VETERINARY CARE

Client Name: _____
Address: _____
Home phone: _____
Cell phone: _____
Work phone: _____
E-mail: _____

If you will be going out of town, please contact the office prior to leaving and provide alternate contact information in case of emergency.

Alternate telephone number(s): _____

Horse's name: _____
Boarding facility: _____
Name of Barn manager Trainer Other : _____

Contact information: _____

Horse's name: _____
Boarding facility: _____
Name of Barn manager Trainer Other : _____

Contact information: _____

Horse's name: _____
Boarding facility: _____
Name of Barn manager Trainer Other : _____

Contact information: _____

Person(s) authorized to request emergency veterinary care for your horse(s):
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

Other pertinent information: _____

PLEASE ANSWER THE FOLLOWING:

- Is your horse insured? Yes No If yes: Mortality & theft Major medical
- Do you give permission for your horse to be shipped to the Marion Dupont Scott Equine Medical Center in Leesburg, Virginia, or to another veterinary hospital? Yes No
If another hospital, which one? _____
- Is there a monetary limit for emergency care? Yes No If yes, amount? _____
- In the most severe circumstance, is euthanasia authorized? Yes No
If Yes, who can make the authorization? Only myself _____
Broad Run Veterinary Service _____
Other _____

Signature Date