

EMERGENCY CARE INSTRUCTIONS
For Horses at Mighty Acres

Dear Mighty Acres Client:

We will make every attempt to contact you should your horse experience a severe case of colic, serious injury or illness while boarded at Mighty Acres. However, in the event that such an emergency arises at the farm, which our veterinarians are not able to handle, and we are unable to reach you, it is very important that we know in advance your instructions are to the desired treatment of your horse.

Accordingly, please assist us in this regard by completing the simple form below. Check either option 1 or 2; if you check option 2, you must also indicate a monetary limit or treatment.

- _____ 1. I request that the Mighty Acres veterinarian do whatever is necessary, regardless of the cost involved, to attempt to save my horse, including shipping the horse to an equine medical clinic for evaluation and/or surgery.
- _____ 2. I request that the cost of treatment be limited to \$ _____. If in the opinion of the Mighty Acres veterinarian such treatment will exceed the above limit, I authorize Mighty Acres to have the horse euthanized in the event of a catastrophic injury if owner cannot be contacted.

If your horse is insured you may want to review the policy or discuss this matter with your insurance agent to determine your responsibilities in emergency medical circumstances. Most insurance companies require the horse be sent to surgery if it is insured.

Again, be assured that we will do our best to contact you if your horse has a medical emergency. If we cannot reach you, we will strive to keep the cost of treatment within the limitation, if any, indicated above. However, Mighty Acres cannot guarantee that any such limitation will not be exceeded. This form is for informational purpose only and is overridden by the Breeding Contract or other written agreement which sets forth the rights and obligations of all parties in connection with the boarding and care of your horse.

Name of Horse: _____

Owner's Signature _____ Date _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Fax: _____ E-Mail: _____

Insurance Information:

Agent's Name: _____

Company Name: _____

Agent's Phone: _____

24 Hour Emergency Number of Insurance Company: _____

Colic Surgery Facility Options – Please initial next to the option you prefer.

Due to staffing at each facility your option may not be available at the time of the emergency.

_____ OSU Vet, Stillwater – approx. 120 miles

_____ Oakridge Equine Hospital, Edmond – approx. 150 miles

_____ Pine Ridge Equine Hospital, Glenpool – approx. 70 miles