



In Case of an Emergency

Primary Contact: _____

Secondary Contact: _____

My Veterinarian Is Dr. _____ at Blue Ridge Equine Clinic
4510 Mockernut Lane, Earlysville, VA (434) 973-7947

I HAVE contacted my veterinarian notifying them of my absence and notified them that _____ has my permission to make medical decisions for my horse(s)

Emergency Transportation Contact: _____

Insurance:

- I Do NOT have insurance
- I am insured, below is my insurance information

Name of Insurer: _____

Insurer Phone #: _____ Other #: _____

Policy #: _____

Last update to policy: _____

Policy includes (please check the following)

- _____ Deductible _____
- _____ Emergency Medical care up to _____ dollars
- _____ Emergency Colic Surgery up to _____ dollars
- _____ Equine Mortality insurance (if you have this, an autopsy is required)
- _____ Other: _____

Horse's that are insured: _____

Important Information:

Dates of Care for Horse(s) _____

Sun. Mon. Tue. Wed. Thurs. Fri. Sat.

AM.							
PM							

Horse

(Name, Sex, Color) AM Feed PM Feed AM In/Out PM In/Out Blanket Y/N Other Instructions

(Name, Sex, Color)	AM Feed	PM Feed	AM In/Out	PM In/Out	Blanket Y/N	Other Instructions