



Emergency care plan

The yard manager and/or authorised representative named in this care plan can be contacted in the event of an emergency if I (the owner) am uncontactable. The person named on this form has the permission of the owner to present my equine to a vet for treatment in an emergency. Treatment must follow the wishes and instructions detailed in this document and must be in the best interests of my equine, as judged by the attending vet, at all times. The responsibility to pay for any and all treatments and associated services rests with the named owner.

NB this is not a formal contract.

Owner's name: _____

Contact number(s): _____

Yard manager's name: _____ Contact number: _____

Yard address: _____

What 3 words address: _____

Authorised representative: _____ Contact number: _____

Horse's name: _____ Microchip number: _____

Horse's normal:



Temperature: _____



Pulse: _____



Respiration: _____

Vet practice: _____ Contact number: _____

Emergency transport: _____ Contact number: _____

Farrier: _____ Contact number: _____

Relevant history and medication:

Insurance company: _____ Contact number: _____

Coverage limit: _____ Policy number: _____

Owner funded limit: _____

Details of insurance policy: (exclusions and limitations)

Please use the spaces below to indicate your preferences if you can't be contacted in an emergency.

Tick the options you'd want to be considered for your horse in the event of an emergency.

Critical colic that would be referred to an equine hospital:

Hospitalisation

Surgery

Euthanasia

Serious injury: (eg. broken leg/ruptured tendon)

Hospitalisation

Surgery

Euthanasia

Serious medical condition: (eg. grass sickness/atypical myopathy)

Consent to biobank biopsy if suspected equine grass sickness

For further information about the biobank visit: **bhs.org.uk/EGS**

Hospitalisation

Surgery

Euthanasia

Other emergencies: (Treat as recommended by a vet)

Hospitalisation Surgery Euthanasia

Euthanasia: (For more information see bhs.org.uk/euthanasia)

Preferred method: (If available) Free bullet Injection

Collection preferences:

Company: _____

Contact details: _____

Additional comments:

Signatures: _____ Date agreed: _____

Owner: _____

Yard manager: _____

Authorised representative: _____