



Kim Ipock, DVM
3250 Hugh E. Hardy Road
La Grange, NC 28551

Emergency Treatment Consent Form

In the event of a veterinary emergency with my horse, every attempt will be made to contact me. However, if decisions and treatment need to be made in my absence, this form will serve as a guideline for treatment of said horse. It will supersede and void any previous agreements.

I, _____, state that I am the owner of the horse(s) known as, _____ . The horse is stabled at, (farm name), _____, located at _____. I give permission for the veterinarians of Institute Mobile Veterinary Services to perform emergency treatments on above horse(s) in my absence. I appoint, (name)_____.

Phone # _____ to make medical decisions for my horse if I am not able to be reached. The doctors may make medical decisions regarding my horse with a cost cap of \$_____.
____ (initial here)

I acknowledge that I am fully responsible for all payment of professional fees related to the treatment of my horse by Institute Mobile Veterinary Services. If the treating veterinarian determines that my horse can not be saved because of the severity of the illness/injury or financial constraints, I authorize them to humanely euthanize my horse. ____ (initial here)

Emergency contact information:

Home# _____

Cell # _____

Work# _____

Alternate contact _____

Insurance information

Is my horse insured? Yes No

Insurance company: _____

Agent: _____

Policy number: _____

Contact number: _____

I give permission for the veterinarian to contact the insurance company to report emergencies, treatment, and/or euthanasia. Yes No ____ (initial here)

I give permission for the veterinarian to make emergency referral to NCSU CVM for treatment/surgery if I cannot be reached. Cost cap \$_____ I understand that method of payment (credit card) must be available at time of referral. ____ (initial here)

Additional comments

Signature of owner/authorized agent

Name of owner/agent (please print)

Date