

TRAVEL RELEASE

I, _____, will be traveling from _____ until _____.
Briarwood Equine Clinic is hereby authorized to treat my horse in an emergency when I cannot be reached, and I agree to pay for such services up to \$_____.

I also give my permission for the attending veterinarian to do the following, if he/she thinks that it is in the best interest of the horse:

- refer horse for specialty care for an amount up to \$_____.
- have horse transported to another facility for specialty care or treatment, (Yes) or (No). circle one
- have colic surgery performed, (Yes) or (No). circle one
- perform euthanasia and have horse removed, (Yes) or (No). circle one

HORSE INFORMATION: (one horse per form)

NAME _____ BREED _____ COLOR _____ GENDER _____ YEAR OF BIRTH _____

STABLE NAME/ADDRESS: _____ PHONE: _____

IF HORSE IS INSURED,

NAME OF CARRIER: _____ PHONE: _____ POLICY #: _____

CONTACT INFORMATION WHILE TRAVELING:

The person who will be caring for my horse in my absence is:

NAME _____ HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

OWNER SIGNATURE

DATE

