

Owner:

Horse:

**Problem & Procedure List**

Date	Problem/Diagnosis	Date Resolved

Allergies or unusual drug reactions:





## Farrier Visits and Notes


## Emergency Contacts

In the event of an emergency with my horse where I cannot be reached, I give permission for the following people to make decisions about my horse's care:

Name	Phone Numbers, other contact information

Would you want your horse to undergo a surgery with general anesthesia if needed? YES or NO?

Would you be want your horse to be hospitalized for non-surgical care if needed? YES or NO

Preferred clinics:

Who would be able and willing to haul your horse for you in an emergency?

Maximum amount of money you would be willing to put toward this horse's care if you couldn't be reached? \_\_\_\_\_

Please write down any other instructions that could be helpful for making decisions in your absence: