HORSE HEALTH RECORD / AUTHORIZATION

HORSE'S NAME _____ OWNER'S NAME _____

DESCRIPTION OF HORSE _____

AGE _____ HT _____ SEX _____

LAST SHOEING DATE _____ SPECIAL INSTRUCTIONS _____

LAST WORMING DATE _____ WORMED WITH _____

LIST VACCINES GIVEN THIS PRESENT YEAR-SPRING AND FALL-.

DATE _____ VACCINES GIVEN _____ BY _____

DATE _____ VACCINES GIVEN _____ BY_____

HAS YOUR HORSE EVER HAD COLIC? _____ DATE _____

HAS YOUR HORSE EVER HAD COLIC SURGERY? _____ DATE _____

CURRENT VET'S NAME _____ PHONE _____

THE ANIMAL IS INSURED BY _____ POLICY# _____

INSURANCE CO. PHONE # _____

AUTHORIZATION FOR COLIC SURGERY

IN THE EVENT THE UNDERSIGNED CAN NOT BE CONTACTED WITH REASONABLE EFFORT.

I/WE AUTHORIZE SURGICAL CORRECTION OF AN INTESTINAL OBSTRUCTION (COLIC SURGERY).

I/WE UNDERSTAND THAT THE COST OF COLIC SURGERY CAN RANGE FROM $3000 TO $6000

IN MOST INSTANCES, BUT CAN GO UP TO $12,000 FOR SPECIAL CASES.

I UNDERSTAND THAT COLIC SURGERY WILL HAVE A LONG RECOVERY TIME.

NAME (print) _____

SIGNED_____ DATE_____

I DO NOT AUTHORIZE EMERGENCY COLIC SURGERY

NAME (print) _____

SIGNED_____ DATE_____

PLEASE LIST ANY OTHER VETERINARY CARE, PAST AND PRESENT, THAT SKYREACH EQUESTRIAN NEEDS TO BE AWARE OF