NOTICE TO EMERGENCY RESPONDERS

Print Clearly:

I/We, _____,

own the animal(s) in this trailer / barn / show stable.

Address: _____

_____

Phone: Home (_____) _____-_____

Cell (_____) _____-_____

Emergency contact which has legal authority to make decisions on treatment for the animal(s): Name: _____

Address: _____

_____

Phone: Home (_____) _____-_____

Cell (_____) _____-_____

E-mail: _____

Home veterinarian(s):

Name: _____

Phone: Office (_____) _____-_____

Cell (_____) _____-_____

Pager (_____) _____-_____

E-mail: _____

Insurance Co.:

Contact: _____

Phone: (_____) _____-_____

_____ ***In the event that I / we are incapable of making decisions regarding the health and well-being of the animal(s) in an accident or emergency, we hereby authorize, and shall hold harmless, and agree to pay for any costs associated with a veterinarian who determines the health status of the animal(s), provides emergency health care, or administers a euthanizing agent if the veterinarian determines that an animal cannot be saved.***

_____ ***I further agree that in the event that I / we are incapable of making decisions regarding the health and well-being of the animal(s) in an accident or emergency, we hereby authorize and shall hold harmless and agree to pay for any costs associated with a trained and knowledgeable emergency responder who will administer noninvasive calming, health stabilizing, and safety-related care to said animals.***

Signed, _____Date_____/_____/_____

Signed, _____Date_____/_____/_____

Witness, _____Date_____/_____/_____

Please freely distribute!