



Canopy Equine Veterinary and Podiatry

Dr. Ellen Staples, CJF

Dr.ellenstaples@canopyequine.com

(352) 234-3034

Treatment Consent Form

In the event of a veterinary emergency involving your horse, or your horse is boarding or being cared for by someone in your absence, every effort will be made to contact you regarding your horse's medical condition. However, sometimes situations occur when you as the owner may not be available and decisions regarding the treatment of your horse need to be made in a timely manner. If this occurs, this form will be used as a GUIDELINE for treatment of your horse.

I, _____, as the owner of the horse(s) known as _____

Stabled at _____, do give permission for Dr. Ellen Staples to perform veterinary treatment on the above named horse(s) in my absence.

In the event I am unreachable, I authorize the following individual(s) to make needed medical decisions on my behalf.

Name of Representative(s): _____

Phone Numbers: _____

I authorize services/care/medications up to a monetary limit of \$_____ per horse. I assume full responsibility for payment for all veterinary services rendered. _____ (please initial)

My horse is insured. _____ YES _____ NO (please initial)

If insured, policy information: _____.

In the event that your horse requires surgery, such as colic, would you want your horse to be referred to a surgical/ referral facility ? _____ YES _____ NO (please initial)

If surgery is a viable option, do you have a preference where your horse is transported? _____ For example, Equine Medical Center of Ocala or UF Veterinary Hospital _____ Prior arrangements must be made by you or your representative for transporting your horse to a referral facility. Name and phone number of hauler: _____.

If Dr. Ellen Staples determines that your horse cannot be "saved" due to the severity of the medical condition and/or financial restrictions, I hereby authorize them to euthanize my horse for humane reasons.

Printed name _____ Signature _____

Again, every effort will be made to contact you in the event of an emergency. If you know that you will be out of town, please leave phone numbers where you may be reached with your horse's caretaker.

Additional comments/instructions:

I authorize this form to be valid for treatment of any/all horses I own presently, and in the future.

Name: _____

Signature: _____

Date: _____

Note: We recommend that you print and sign 2 copies of this consent form. Leave one copy with your horse's caretaker and one copy with Canopy Equine Veterinary and Podiatry.