EQUINE TREATMENT CONSENT FORM

WITNESS THIS AGREEMENT this _____ day of _____, 20__, by and between Paradigm Farm, LLC, hereinafter referred to as "Management," and _____, hereinafter referred to as "Owner." Owner certifies their ownership of _____ , hereinafter referred to as "Horse," and gives permission for veterinarians of Management's choosing to perform services on named Horse in Owner's absence. Owner appoints Management to make medical decisions regarding Horse's care in the event that Owner and Owner's emergency contacts are unreachable. The veterinarians may use their best judgment in determining if Horse can be saved within a reasonable medical probability and financial practicality with a cost cap of $_____. Owner agrees to assume full financial responsibility for these services.

Financial Arrangements: Owner ___HAS or ___HAS NOT contacted a veterinary office to make financial arrangements in case of emergency.

Horse ____IS or ____IS NOT insured.

Type: _____Major Medical _____Surgical _____Mortality _____

Preventive Care Company: _____

Policy Number: _____

Contact Name and Telephone Number: _____

Hospitalization: Owner _____WOULD or _____WOULD NOT want Horse hospitalized if necessary for emergency treatment or surgery if the veterinarians of Management's choosing, in their professional opinion, conclude that Owner's Horse would benefit from this emergency hospitalization. Prior arrangements must be made for transporting Horse to the referral facility.

Euthanization: If the veterinarians determine that Horse cannot be saved due to the severity of the condition and/or financial constraints, Owner hereby authorizes them to euthanize my horse for humane reasons.

____APPROVE/YES _____DENY/NO

Other person that may make this decision: _____

Every effort will be made to contact Owner in the event of an emergency. If Owner is going to be out of town, Owner is to leave contact information using the "Contact Me" form available on Management's website.

OWNER (OR AUTHORIZED AGENT)	Date:	
By:		

PARADIGM FARM, LLC	Date:	
By:		