



Bay Area Equestrian Connection LLC

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BAEC Emergency Veterinary Protocol

BAEC strives to provide high quality care for all our horses. However, due to legal restrictions, BAEC and its agents and/or employees (BAEC Providers) are unable to secure emergency care or help horses without express written permission. Please read these forms carefully and return them to us. They give you the option to authorize others to secure emergency care for your horse in case you are unavailable.

Emergency Policy:

→ If your horse appears ill (sweating, increased heart rate, fever, pacing, violently rolling, unable to get up, refusing food, appears dehydrated, etc) or injured (bloody wound, non-weight bearing limb, etc) BAEC will attempt to notify the Designated Emergency Contact at the numbers listed on the Horse & Owner Information Sheet.

→ If the Designated Emergency Contact is unavailable then the Alternative Emergency Contact will be notified.

→ If both the Designated and Alternative Emergency contacts are unreachable then BAEC will attempt to notify the Preferred Veterinary Emergency Contact. If they are unable to assist then Dr. Gary Hanes of Briarwood Equine will be contacted. If Dr. Hanes is also unable to assist then Peninsula Equine will be contacted.

→ If the attending veterinarian believes the horse to be either a surgical candidate or in need of hospitalization then the nearest equine hospital, Peninsula Equine, will be contacted.

→ Peninsula Equine has a trailer and will come pick the horse up.

→ Peninsula Equine will then be authorized to treat the horse according to owner's instructions on this form. Owner will be responsible for all costs and expenses incurred.

****If you do not want the above-mentioned veterinarians/equine veterinary groups to treat your horse, you must submit a written request to use other veterinary sources.** Failure to submit a written request shall be interpreted as permission to secure the services of Briarwood Equine and/or Peninsula Equine in emergency situations.

AUTHORIZATION FOR EMERGENCY VETERINARY CARE

Horse(s) Name: _____

Owner(s): _____

Insured? Y/N

Insurance Company: _____ Phone: _____

COPY OF INSURANCE CARD MUST BE ATTACHED TO THIS FORM

In the event that any of my horse(s) appear to be ill, injured or at significant risk of experiencing a medical problem, I give my express permission for BAEC Providers to seek service from a veterinarian or a veterinary clinic. I also give BAEC Providers permission to follow instructions given by the veterinarian (hand walking, banamine (flunixin meglumine) injections or administration of oral paste, cleaning or wrapping of wounds, etc). My preferred veterinary emergency contacts are listed on page three of the Horse & Owner Information sheet and these will be contacted first.

I expressly authorize BAEC Providers to seek treatments for my horse up to the amount of \$_____ (common limits are \$1000, \$5000, \$10000 or unlimited). I understand that BAEC Providers work hard to prevent accidents and injuries, and that such problems may occur no matter how well a horse is cared for. I agree to allow BAEC Providers and/or Alternative Emergency Contacts to use their best judgment in handling these situations and understand that they assume no responsibility for the actions and decisions of the veterinary staff, the health, or death of my horse(s).

I assume full responsibility for the payments and/or reimbursement for any and all veterinary services rendered, including but not limited to diagnosis, treatment, grooming, medical supplies, and out patient boarding. Such payments will be made within 14 days of treatment.

If my horse is insured, I understand that BAEC will NOT be responsible for contacting the insurance company prior to veterinary treatment. If prior approval is needed for emergency surgery, you MUST contact your insurance company regarding their policy for emergency care when OWNER is unavailable. BAEC is not responsible for incorrect or failure to contact the insurance company.

_____ Initials

I further authorize BAEC and my primary veterinarian(s) to share all medical records for the horse with veterinary clinics which need the information in the interest of providing the best care for my ill or injured horse.

I agree to notify BAEC of any signs of injury or possible illness to my horse(s) as soon as the condition appears. BAEC strongly recommends that each horse be vaccinated, de-wormed, and protected from harmful insects according to veterinarian recommended standards.

This agreement is valid from the date below and grants permission for veterinary care without the need for additional authorization. In signing this contract, I represent that I have the authority to make health, medical, and financial decisions for this horse.

Print Owner(s) name

Owner(s) Signature

Date _____

EMERGENCY VETERINARY CARE DECLINE

Horse(s) Name: _____

Owner: _____

I, _____, the legal and true owner of the horse
_____, hereby decline any emergency treatment of my horse. I understand that declining to authorize emergency care risks the life as well as the health of my horse.

With my decision to decline emergency veterinary treatment for my horse, I hereby release Providers from any liability for damage and/or death caused by the failure to seek emergency veterinary care for my horse.

I understand that I may revoke this declining care form at any time. Revocation of this prohibition for emergency MUST be done in writing and submitted to BAEC management. We will update your file. In addition, I understand that I must sign an "Authorization For Emergency Veterinary Care" so BAEC, it's owners, operators, employees or agents will have legal permission to seek treatment for my horse.

Owner's Name

Owner's Signature

Date