

# Windmill Stables, LLC

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## ANIMAL EMERGENCY MEDICAL CONTACT, RELEASE AND AUTHORIZATION

(To be completed in full by each Boarder)

Information below is intended solely for *Windmill Stables LLC*. use in aiding the rendering of appropriate emergency care. It is not used as a device for the screening of boarder or horse(s).

### IN CASE OF EMERGENCY CONTACT:

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Horses Name: \_\_\_\_\_

Description, tattoo, and identifying marks: \_\_\_\_\_

Preferred Vet: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance coverage is with: \_\_\_\_\_ Policy #: \_\_\_\_\_

(Please provide copy of Insurance Card – both front and back)

Any allergies, medical, physical or other limitations of the animal: \_\_\_\_\_

### AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

I, \_\_\_\_\_, authorize WINDMILL STABLES or any other authorized employees and or agents of the WINDMILL STABLES, LLC, to seek or assign medical help for my horse in case of emergency or from an accident. I understand and accept the normal dangers associated with boarding, showing or trailering my horse and the unpredictable nature of horses. I bind myself, spouse, heirs, legal representatives and assign and do hereby release, indemnify and hold harmless, WINDMILL STABLES, LLC or any other authorized employees and or agents of the WINDMILL STABLES, LLC with regard to securing necessary medical assistance in case of emergency or accident which my horse may experience. I further understand that if possible and time warrants under the circumstances, I will first be contacted for authorization for treatment or the rendering of medical assistance. If I cannot be readily contacted, then I authorize immediate treatment of my horse(s) on my behalf and am bound by payment thereof to those who render aid.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Guardian (if under 18 years): \_\_\_\_\_ Date: \_\_\_\_\_