

PERMISSION TO SEEK VETERINARY CARE AND EQUINE LIVING WILL

I, _____, give **Mountain Meadow Holistic Equestrian Center**, their employees and/or assignees ("**MMHEC**"), my permission to seek veterinary care—evaluation, diagnostic procedures and treatment—for my horse _____ in the event **MMHEC** is unable to reach me or my agent(s) named below. This permission is granted not only for emergency situations but also for whenever my horse requires medical attention of any kind and **MMHEC** has been unable to contact either me or my agent(s). I will be responsible for all veterinary bills that might occur as a result of care. My veterinarian(s) is/are named below.

I want to do whatever is necessary to ensure my horse will receive the appropriate veterinary care in case of an emergency or in case of a more routine injury or illness. I authorize the amount of approximately \$ _____ to be spent if it will save my horse and the accident or illness is recoverable. I give my permission to have my horse transported to Colorado State University for emergency veterinary services should the veterinarian, my agent or **MMHEC** deem it necessary. I give this permission knowing the bill may exceed the spending limit stated in this paragraph. ___ YES ___ NO

Further instructions: _____

If it is apparent that my horse is suffering unduly and there is no reasonable hope of recovery, then I do not want her/his life to be prolonged. If the veterinarian, my agent or **MMHEC** deems it necessary, please have my horse humanely euthanized. I hereby request that if my horse were to be critically ill or injured or if s/he were to be euthanized, that someone among my agents or **MMHEC** staff who truly cares for my horse would be present to comfort her/him.

If my horse must be euthanized and since JAR, LLC no longer allows the burial of horses on ranch property (with the exception of scattering ashes), I hereby request that the body or ashes be disposed of in the following manner: _____

If none of the above disposal options are possible, I leave disposal to **MMHEC's** discretion. I will be responsible for all costs of body disposal. _____ (Initial).

Emergency contact information:

Owner home# _____ Cell# _____ Work# _____

Other **owner** emergency contact info: _____

Agent# 1 name _____ Home# _____ Cell# _____

Other Agent #1 contact info: _____

Agent# 2 name _____ Home# _____ Cell# _____

Other Agent #2 contact info: _____

Agent# 3 name _____ Home# _____ Cell# _____

Other Agent #3 contact info: _____

Vet #1 name _____ Office# _____

Vet #1 cell# _____ Pager/Other #: _____

Vet #2 name _____ Office# _____

Vet #2 cell# _____ Pager/Other #: _____

Signature

Date