



Evergreen Equine of Vermont

Phone: (802) 484-9100

Client & Patient Information Form

EMERGENCY CARE PERMISSION *(from owner)*

In case of emergency, I authorize _____
during my absence from _____ to _____, 20____,
to have my horse(s) treated as necessary by Dr. Heather Hoyns.

(Not to exceed the amount of \$_____ without my approval.)

Signed: _____ Dated: _____

IN AN EMERGENCY

Emergency: 911

Poison Control: _____

Veterinarian: Heather Hoyns, DVM

Phone: (802) 484-9100

Neighbor: _____ Phone: _____

Credit card number for emergencies: _____

WHERE TO FIND US

Where we'll be: _____

Address: _____

Telephone: _____ Cell Phone/Pager: _____

Returning Date: _____ Time expected home: _____

Airline: _____ Flight #/Origin: _____

SPECIAL INSTRUCTIONS

Mealtime: _____

Hay: _____ Treats: _____

Turn-Out Schedule: _____

Allergies: _____

Medication/Vitamins/Supplements: _____

Things to Watch For: _____

Things Not to Worry About (pre-existing conditions): _____

ADDITIONAL INFORMATION

Please call your horse sitter immediately upon arrival!

Phone/Contact Information: _____