Crosshair Ranch Horse Facility, LLC
640 County Road 318
Alvarado, Texas 76009
Phone: 817-240-4558 | **Email:** crosshairranch@gmail

ANIMAL EMERGENCY MEDICAL CONTACT, RELEASE AND AUTHORIZATION
(To be completed by each Boarder)

The information below is intended solely for Crosshair Ranch Horse Facility, LLC use in aiding the render of appropriate emergency care. It is not used as a device for screening boarding applicants horse(s).

IN CASE OF EMERGENCY CONTACT:

OWNER: _____PHONE: _____

HORSE'S NAME(S): _____

DESCRIPTION, TATTOO, AND IDENTIFYING MARKS: _____
(If registered, provide a copy of the horse's papers with this form)

PREFERRED VET: _____PHONE: _____

MEDICAL INSURANCE COVERAGE IS WITH: _____

MEDICAL POLICY NUMBER: _____
(Please provide a copy of the Insurance Card - both front and back)

ANY ALLERGIES, MEDICAL ISSUES, PHYSICAL OR OTHER LIMITATIONS OF THE ANIMAL: _____

_____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

I _____authorize Crosshair Ranch Horse Facility, LLC or any other authorized employees and/or agents of the Crosshair Ranch Horse Facility, LLC, to seek or assign medical help for my animal(s) in case of emergency, injury, accident or other health condition needing medical attention. I understand and accept the normal dangers associated with the unpredictable nature of horses that results from riding, boarding, showing, transporting, trailering, and otherwise caring for my animals. I bind myself, spouse, heirs, legal representatives and assignment and do hereby release, indemnify and hold harmless, Crosshair Ranch Horse

Facility, LLC, or any other authorized representatives or employees and or agents of the Crosshair Ranch Horse Facility, LLC with regard to securing the necessary medical assistance in case of emergency or accident which my animals 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 readily be contacted, then I authorize immediate treatment of my animal(s) on my behalf and I am bound by patent thereof to those who render aid. **I further understand that if my preferred veterinarian cannot be contacted, I authorize Crosshair Ranch Horse Facility, LLC to select a veterinarian of their choice to provide care to my animal(s).**

SIGNATURE: _____DATE:_____

SIGNATURE OF GUARDIAN (IF UNDER 18 YEARS): _____DATE: _____