

# EQUI-VENTURE EQUESTRIAN CENTRE



*EQUI-VENTURE at Gypsy Hill Stables • 1444 Brown Road • Westminster, MD 21158*

*443-898-2772*

[www.Equi-VentureEquestrian.com](http://www.Equi-VentureEquestrian.com)

## **OWNER'S INFORMATION**

### **YOUR PERSONAL INFO:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, ST., ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**BIRTHDAY:** \_\_\_\_\_

**DRIVER'S LICENSE NUMBER & STATE:** \_\_\_\_\_

**EMERGENCY CONTACT NAMES & PHONE #'S (of those that can make euthanasia decision):**

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

### **HORSE CARE PROVIDERS:**

**FARRIER:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**VET:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

# **EMERGENCY:**

*If something was to happen to your horse, and you were unable to be reached, please enter a maximum dollar amount for veterinarian services to be preformed in order help your horse.*

**DOLLAR AMOUNT: \$\_\_\_\_\_**

\_\_\_\_\_  
**HORSE'S NAME**

\_\_\_\_\_  
**SIGNATURE OF OWNER**

*By signing this form, I am agreeing to allow EQUI-VENTURE EQUESTRIAN CENTRE to call a vet to treat my horse in the event I am unable to be reached in an emergency. I am also agreeing to pay the handling fees and veterinarian bill for the services performed.*

*In the event I cannot be reached, I agree to allow the emergency contact(s) listed above to make any decision regarding veterinarian recommended euthanasia for my horse in the case of a serious illness or injury.*

\_\_\_\_\_  
**SIGNATURE OF OWNER**

\_\_\_\_\_  
**DATE**

*In the event I and/or the emergency contact(s) listed above cannot be reached, I agree to allow Equi-Venture Equestrian Centre to make any decision regarding veterinarian recommended euthanasia for my horse in the case of a serious illness or injury.*

\_\_\_\_\_  
**SIGNATURE OF OWNER**

\_\_\_\_\_  
**DATE**