**Emergency Care Record**



01428 723594

post@theleh.co.uk

www.theleh.co.uk

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| **Owner Information** |
| Owner Name: Mobile number: Home number:Address: Postcode: |
| **Emergency Contact** |
| Name: Mobile number: Home number:Address: Postcode:  |
| **Horse Details** |
| Name: Age: Breed: Colour: Height: Bites: Yes/No Kicks: Yes/NoTemperament / behavior / quirks:  |
| **Emergency Horse Details** |
| Farrier name: Farrier telephone number: Farrier due date: Sedation required?:Additional farrier info: Veterinary practice name: Daytime number: Out of hours number: Additional vet information:  |
| **Feeding/Bedding/Turnout Information** |
| Hard feed (*to include names of feed and amounts and where to buy from if need more*): Supplements (*to include names, dosage, storage and how to order more if required*):Medication (*to include names, dosage, storage and how to order more if required*): Hay / Haylage Dry / Soaked / Steamed *if soaked / steamed how long for*: Quantity and how often given: Bedding: Shavings / Straw / Other How often: Stable RugsStable Bandages / Boots: Yes/No Stable therapy equipment: Yes / NoAdditional information: Stable routine (*to include any stable quirks re feeding/mucking out*):Turnout rugs: Turnout leg boots: Yes/No Turnout overreach boots: Yes/NoAdditional information: Turnout routine (*to include individual/group turnout, times of day, catching/turning out info*):Any amendments during bad weather:  |
| **Pre-Existing Medical Conditions** |
| Any current medical conditions (*to include past/present conditions*): Yes/NoAny Current Injuries: Yes/No If yes further information and any special requirements:  |
| **Insurance**  |
| Is your horse insured for vet fees?: Yes / NoHow much vet fee cover?:Type of policy: |
| **Authorised Agent**  |
| **In the event that it is not possible to contact me directly, I fully authorise the following person on my behalf to provide consent for necessary veterinary treatment or procedures:**Name of authorised agent:Telephone number of authorised agent:Signature of owner:  |
| **Additional Information** |
| * **If you have multiple horses, please consider labelling your equipment such as rugs, feed buckets, headcollars, grooming kits etc.**

**NAME:****DATE: SIGNATURE:**  |