**Emergency Care Record**



01428 723594

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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/No  Temperament / 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 Rugs  Stable Bandages / Boots: Yes/No Stable therapy equipment: Yes / No  Additional information:  Stable routine (*to include any stable quirks re feeding/mucking out*):  Turnout rugs:  Turnout leg boots: Yes/No Turnout overreach boots: Yes/No  Additional 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/No  Any Current Injuries: Yes/No  If yes further information and any special requirements: |
| **Insurance** |
| Is your horse insured for vet fees?: Yes / No  How 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:** |