***This directive outlines my wishes regarding \_\_\_\_\_\_'s care should I be absent or unable to make decisions regarding his health and safety.*** *My intent is to enable the current boarding facility, or anyone acting as primary caregiver and/or primary decision-maker, to act on my behalf, without regard to the apparent monetary value of \_\_\_\_\_\_ but only to best preserve his quality of life, and the burden of decision-making for anyone acting on my behalf is reduced.*

Principal Vet: Dr. \_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_

\_\_\_\_ Clinic, \_\_\_, TX

Secondary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

==================================================

\_\_\_\_\_\_ is insured with the

\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Group Policy: \_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Claims 24 hours: 800-\_\_\_\_\_\_\_ *notify immediately of horse’s condition*

*In case of need to euthanize, the horse must be attended to by a qualified veterinarian.*

*Must call and receive authorization before euthanasia is performed.*

Additional Service Contact if needed: Agent \_\_\_\_\_\_\_\_\_\_\_\_\_ 800-\_\_\_\_\_

Coverage - Any event must be reported immediately to the number above.

Colic Treatment & Surgery

Medical Assistance (treatment of conditions other than colic)

Mortality (Death) – Theft - Wobbler’s Syndrome

Theft must be immediately reported to law enforcement.

Law enforcement instructions must be followed.

## Owner’s financial authorization

to provide treatment to the limits below, in case I cannot be reached, with consideration for the directives on the following page:

Medical Treatment & Surgery, total for both, up to $12,000

including colic treatment and surgery (see conditions below)

*(Amount includes both insurance coverage and private pay by me.)*

Euthanasia and cremation (see instructions on next page)

***-----------------------------------------***

***In case of surgery or euthanasia, the insurance company 24/7/365 emergency number above***

***must be contacted first and fully informed of events.***

## Euthanasia

*In case of the need to euthanize, the horse must be attended to by a qualified veterinarian.*

*Must call insurance co. (1st page) & receive authorization before euthanasia is performed.*

**In the event that I cannot be reached or I am unable to make decisions regarding my horse's health and safety,** **I authorize any licensed equine veterinarian to immediately euthanize \_\_\_\_\_\_ should any of the following befall him:**

* Life-threatening injury, illness or medical condition for which there is not a high probability of recovery to his condition previous to the injury, illness or condition.
* Intense pain requiring sedation to enable rest, for 3 or more days (other than after surgery).
* Uncontrollable pain for any amount of time, of sufficient intensity to cause him high distress and with limited or no chance of alleviation of this high level of pain.
* Any condition or injury from which he is unable to rise without assistance for a period of 3 days.
* Any condition or injury after which the veterinarian in question believes he will live in chronic pain, *even if* there are pharmaceutical or homeopathic options for alleviation.
* If two licensed veterinarians, reviewing the case independently, project that reasonably expected expenses for \_\_\_\_\_\_ to recover fully, returning to his condition before the emergency, will exceed the limits on the first page.
* Colic: Euthanasia should be considered in the case of a more severe colic condition, such as rupture; severe inflammation; and/or necrotic tissue. If surgery is begun but reveals a sufficiently severe condition, euthanasia may be done at that point.

## Remains Disposal

\_\_\_\_\_\_ in \_\_\_\_, TX for removal, cremation and storage. [phone number]

## Unauthorized treatments

Procedures that are not clinically shown to improve the outcome of the condition which the veterinarian intends to treat.

## Transport to a Clinic

* **Anyone who can safely do so is authorized to transport \_\_\_\_\_\_ to a suitable clinic with the facilities and expertise to treat the condition**, to reside for any period of time, so that \_\_\_\_\_\_ can receive needed treatment. I will reimburse transportation costs.
* **Suitable clinics include the \_\_\_\_\_ Vet Hospital**. (I have an account there. )
* \_\_\_\_\_\_ may also be transported to a clinic for treatment if a boarding facility or an unlicensed individual is unable, unwilling or does not have the supplies and/or skills to administer treatment at the times and in the manner recommended by a licensed veterinarian.

## Persons Authorized to Make Decisions

Circumstances which do not meet the above criteria, and/or which leave the treating veterinarian with questions about alternative courses of treatment or action, **should be referred to the judgment of the treating veterinarian in consideration of the intent of the guidelines above**.

If they can be reached, I also trust the judgment of one or more of my good friends. All four do not need to be consulted, but are provided in the event that some can’t be reached. The treating veterinarian’s good judgment is the final decision.

* + [Name and phone number] phone or text
  + [Name and phone number] phone or text
  + [Name and phone number] phone or text

**If none of these persons can be immediately consulted, I authorize any licensed veterinarian to administer sedative and/or analgesic substance to alleviate my horse's pain in the interim.**

If in the veterinarian’s good judgment the most humane course of action is euthanasia, I authorize this action without the necessity of consulting anyone else.

The barn manager’s opinion and experience should also be consulted and given appropriate weight in the decision.

## Additional Contact Information to try to reach me

[Relationship] [Name] [Location] [Phone number]

[Relationship] [Name] [Location] [Phone number]

[Relationship] [Name] [Location] [Phone number]

Dated [Month, Day, Year]