



RIDER EMERGENCY INFORMATION

Rider Information:

Name: _____

Address: _____

Birth Date: _____

Daytime Phone: _____

Evening Phone: _____

Cell Phone: _____

Emergency contact in case of injury or illness to owner/rider:

Name: _____

Relationship to Rider: _____

Home Phone: _____

Cell Phone: _____

Rider's Medical Information:

Personal Physician: _____

Hospital Affiliation: _____

Phone: _____

Date of last Tetanus shot: _____

Blood Type: _____

Existing Medical Conditions _____

Allergies / Sensitivities _____

Regular Medications: _____

Notable Injuries: _____

Health Insurance

Carrier: _____

Plan / Policy Number: _____

Phone Number: _____

Consent to Treatment:

In the event that I am injured or become ill and am not conscious or otherwise capable of making an informed decision regarding medical care, I hereby consent to such emergency medical treatment as is deemed necessary and prudent by a licensed medical professional until such time as I regain consciousness or until the contact person designated above can be reached and consent to or decline treatment on my behalf.

Signed: _____

Date: _____

Please update yearly or after any injury.

HORSE EMERGENCY INFORMATION

Veterinarian Information:

Name: _____

Phone: _____

Insurance Information:

Name: _____

Phone: _____

Horse Owner's Contact Info (if different from riders)

Name: _____

Phone: _____

Veterinarian expenses cap:

Dollar Amount: _____

Special Instructions: _____

Consent to Treatment:

In the event that I am injured or become ill and am not conscious or otherwise capable of making an informed decision regarding horse's medical care, I hereby consent to such emergency medical treatment, not to exceed the veterinarian expense cap, as is deemed necessary and prudent by a licensed medical professional until such time as I regain consciousness or until the contact person designated or the horse owner can be reached and consent to or decline treatment on my behalf.

Signed: _____

Date: _____