



Sporthorse Veterinary Services
Mark Silverman, DVM
1288 Calle Maria
San Marcos, CA 92069
(760) 798-4850

Letter of Emergency Medical Intent

Date _____

To Whom It May Concern:

This letter of emergency medical intent outlines: 1) whom I am authorizing to make medical decisions for my horse in the event I can not be reached during an emergency, 2) what my medical intentions for this specific horse are, and 3) a maximum dollar amount that may be charged until I am able to be reached.

Authorization

I, _____, authorize _____ to make
(Owner Name) (Appointed Guardian)
medical decisions for my horse, _____, in the event I cannot be
(Horse's Name)
reached during a medical emergency.

Horse

_____ is a _____ year old, _____, _____.
(Horse's Name) (Age) (Color) (Breed) (Sex)
My Veterinarian is _____, and can be reached at _____.
(Vet's Name) (Vet's Phone)

Intent

My medical intentions for this horse are: _____

_____.

Insurance

My horse IS / IS NOT covered by medical insurance. The insurance company contact information is:
_____. My policy number for this animal is: _____.
(Insurance Company Name) (Phone Number) (Insurance Policy Number)

Payment

With this letter, I am authorizing the maximum amount of \$ _____ to be charged to my
(Dollar Amount)
VISA / MC / DISC / AMEX for emergency medical procedures and services until I am able to be reached.

Credit Card Number: _____ Exp. Date: _____

Contact

My contact information is as follows:

Address: _____
(Street Address) (City) (State) (Zip Code)

Phone: _____ Cell: _____

Signature

Thank you for your professionalism in helping my horse through a medical emergency.

Sincerely,

(Owner's Name, printed)

(Owner's Signature)

Sporthorse Veterinary Services is a dba of Mark Silverman DVM, Inc.