## Legacy Ranch, Inc. EMERGENCY CARE INSTRUCTIONS

Name of horse:	
We will make every attempt to contact you should your horse experillness while boarded at Legacy Ranch, Inc. (LRI). However, in the evable to be handled by our veterinarians at the ranch and we are unain advance your instructions as to the desired treatment of your hor by completing the simple form below. Initial either Option 1 or 2; if monetary limit for treatment.	rent that such an emergency arises which is not able to reach you, it is important that we know rse. Accordingly, please assist us in this regard
Option 1: I request that LRI veterinarians do whatever is nec involved, to attempt to save my horse, including shipping the horse and/or surgery.	
Option 2: I request that the cost of treatment be limited to \$ veterinarians, such treatment will exceed the above limit, I authorize	
If your horse is insured you may want to review the policy or discudetermine your responsibilities in emergency medical circumstance	
Again, be assured that we will do our best to contact you if your heach you, we will strive to keep the cost of treatment within the lir cannot guarantee that any such limitation will not be exceeded. This overridden by the Breeding Contract or other written agreement whe parties in connection with the boarding and care of your horse.	mitation, if any, indicated above. However, LRI is form is for informational purposes only and is
Owner's Name (please print)	<u>Date</u>
Signature of Owner	Insurance Company/Policy#
List Two Telephone numbers for Emergency contact	Insurance Agent/Phone#