

# Equine Care and Emergency Plan

This care plan tells your Yard Manager or Authorised Representative everything they might need to know in order to look after your horse. You should add as much information as you can, to make sure that your horse's routine is kept as close to normal as possible if you can't attend to them for any reason. This means that you might want to create some additional sections to this documents, or write extra notes to accompany it. The plan can be used for the long-term or temporarily for the short-term, for example you're going on holiday.

**You will need to ensure the following:**

- Fully discuss the care plan with your Yard Manager / Authorised Representative and provide them with a completed signed copy. If you decide to have an Authorised Representative who is not the Yard Manager, this must be clearly communicated to the Yard Manager to prevent any confusion. In this instance, a signed copy should still be given to your Yard Manager so they are fully aware.
- That your Yard Manager / Authorised Representative understands fully what you would like to happen to your horse in an emergency situation if you cannot be contacted.
- Any changes made to the care plan are updated on the document and a revised copy provided to your Yard Manager and/or Authorised Representative.
- If your equipment is locked away and there would be a need for your Yard Manager or Authorised Representative to have access to this, they will need a spare key or be advised of the codes to locks.
- Ask your veterinary practice to make a note about the name of your nominated Authorised Representative / Yard Manager, so that they may take instructions from them if necessary.

**Please note this document is not a formal contract.**

Date plan agreed:

If a short-term plan, end date agreed:

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## Owner

Name:

Address:

Mobile number:

Email:

Home number:

Work number:

**Yard Manager or Authorised Representative who can be contacted in the event of an emergency if I (the owner) am uncontactable. The person named on this form has the permission of the owner to present the animal to a vet for treatment in an emergency. Treatment must follow the wishes and instructions detailed in this document and must be in the best interests of the animal, as judged by the attending veterinary surgeon, at all times. The responsibility to pay for any and all treatments and associated services rests with the named owner.**

Name:

Address:

Telephone number:

Email:

Additional contact number:

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## Horse

Name:

Colour:

Age:

Sex:

Breed:

Height:

### In case the passport cannot be located or accessed:

Passport number:

Microchip number:

Your horse's normal  
resting rates for:



Pulse:



Respiration:



Temperature:

Location of horse:

What3Words location reference:

Temperament/companions/strong likes & dislikes:

## Feeding Regime

Forage type/quantity:

Forage fed dry / soaked / steamed:

Frequency of feeding forage:

Forage location:

If soaked or steamed it requires this amount of time:

Additional feed, amounts and frequency:

Supplements (include name and amounts):

## Daily Management

Exercise of the horse (if applicable) for example lunged, can go on the horse walker or any exemptions. May be applicable for horses prone to laminitis if the owner is away:

Turn out:

Stabling:

Rugging:

Bedding type:

Veterinary conditions e.g. Prone to Laminitis:

Any medication to be given? Where stored/how given/when? Targeted worming programme details:

### **Location of**

Equipment & tack if necessary. We advise you discuss this rather than writing down for security prevention.

Feed:

### **Vet**

Practice name:

Telephone number:

Out of hours emergency number if different to above:

### **Farrier**

Name:

Telephone number:

Horse is normally seen by the farrier every      weeks.

### **Equine Dental Technician**

Name:

Telephone number:

## Veterinary Instructions

Insurance details/coverage limits:

Owner-funded treatment £ limit:

**Actions in the event of emergency veterinary treatment. It is strongly advised that you inform your veterinary practice of your emergency plan and who your nominated person is in the event that you are not contactable and your horse requires urgent veterinary treatment. Use this section to record any notes or information on your preferences in the situation that you cannot be contacted. This might include whether or not you want some procedures done (e.g. intensive fluid therapy only, but would not want colic surgery) any special considerations (e.g. your horse will not cope with box rest, or must have a chance of returning to full soundness).**

Critical colic that would require my horse to be referred to an equine hospital, potentially for colic surgery:

A catastrophic injury such as a joint infection or severed tendon that has the potential for surgical treatment:

Any other incident that would require my horse to be referred as an emergency to an equine hospital:

**Emergency 24/7 equine transport contact (also complete if you have your own transport in case there's a mechanical problem):**

Company name:

Telephone number:

Location of passport:

Other useful contacts:

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**Euthanasia**

In the event that I (the owner) am uncontactable, I authorise my nominated person(s) to follow the guidance I have provided in the event of emergency veterinary treatment for my horse. In the event of euthanasia, these are my preferred options for my horse if safe and available.

Preferred method of euthanasia:      Injection:      Free bullet:

What I would like to happen afterwards (remember, the euthanasia option can affect this choice; for more details [see our euthanasia advice](#)).

Name of disposal company:

Telephone number:

Out of hours service available?:    Yes:    No:

Owner budget limit:

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Authorised person name:

Authorised person signature:

Date:

Owner Name:

Owner Signature:

Date: