

Stall-Side Emergency Contact & Medical Form

Post this form outside your horse's stall. Provides vital contact numbers, medical authorizations, and baseline vitals.

STALL #: _____	BARN NAME: _____
Show Name: _____	Color / Breed: _____
Sex: ☐ Mare ☐ Gelding ☐ Stallion Age: ____	Microchip #: _____

Emergency Contact Phone Numbers

Horse Owner Name: _____	Owner Phone: _____
Primary Equine Vet: _____	Vet Clinic / Emergency Phone: _____
Backup Vet / Clinic: _____	Backup Vet Phone: _____
Farrier Name: _____	Farrier Phone: _____
Barn Manager Name: _____	Barn Manager Phone: _____

Medical & Surgical Directives

Insurer: _____	Policy #: _____
Major Medical Limit (\$): _____	Claim Phone: _____
Colic Surgery Authorization: ☐ YES — Authorized up to \$ _____ ☐ NO — Do Not Perform Colic Surgery ☐ Contact Owner Before Proceeding	Preferred Hospital & Transport: Hospital: _____ Hauler: _____ Hauler Phone: _____

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