



## Boarder Emergency Authority Form

By signing below you are releasing authority to Kula Lani Ranch, LLC to order and approve emergency medical treatment for the horse listed here, in the event you are not available and/or cannot be reached. Additional fees for KLR attention may be charged.

### OWNER INFORMATION

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_ DOB: \_\_\_\_\_

Phones / Cell: \_\_\_\_\_ Day: \_\_\_\_\_ Eve: \_\_\_\_\_

### HORSE INFORMATION

Barn Name: \_\_\_\_\_

Reg. Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Ht: \_\_\_\_\_

I hereby give authority to Kula Lani Ranch, LLC to seek and approve emergency medical treatment for the above horse. I understand treatment may be done by a vet other than the vet listed as my regular vet, based on availability.

By signing below I certify that I am the owner of the above horse and agree/promise to pay all medical expenses for the above horse to the appropriate parties.

\_\_\_\_\_  
Name of owner(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of owner(s)

\_\_\_\_\_  
Name of owner(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of owner(s)