



EQUINE CARE PROGRAM

Equestrian Canada

CLIENT CONTACT LIST

Corresponds with Requirement 12.1

Client:

Name: _____

Client horse(s): _____

Phone number: _____

Email: _____

Emergency contact: _____

Relationship to contact: _____

Phone number: _____

Veterinarian:

This client uses the facility's Attending Veterinarian. See Emergency Contact Information for Attending Veterinarian contact information.

This client uses the services of the following veterinarian:

Name: _____

Clinic: _____

Clinic address:

Phone number: _____



Clinic email: _____

In the event of an emergency (e.g., illness or injury) and the client's horse(s) require surgery, the client grants permission to proceed with surgery as advised by a veterinarian:

Note: This applies only if the client and emergency contact are unreachable in a timely manner.

Yes

No

Farrier:

Farrier name: _____

Business: _____

Phone number: _____

Email: _____

Horse insurance (if applicable):

Insurance company: _____

Phone number: _____

Email: _____