



WHITEHAVEN PLANTATION

3762 Bethune Highway, Bishopville, South Carolina 29010

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Veterinary Emergency Authorization Form

Horse's Name: _____ Age: _____

Breed/Description: _____

Owner's Name: _____

Address: _____

Telephone # (home) _____ (work) _____ (cell) _____

Other contact numbers: _____

In my absence, and in the event that I cannot be contacted at the above listed phone numbers, I give permission to the Management and Employees of WHITEHAVEN PLANTATION to call out a veterinary surgeon and to act on my behalf based on the information provided on this form.

VETERINARY DETAILS

Name of Practice: _____

Address: _____

Telephone # _____ Emergency # _____

INSURANCE: My horse IS / IS NOT insured. (Please circle one)

Insurance Company Name: _____ Policy # _____

Address: _____

Agent's Name: _____ Phone # _____

Insurance is provided against: (please circle yes or no)

All veterinary fees incurred whether through accident or illness YES NO LIMIT: _____

External, accidental injuries only YES NO LIMIT: _____

Mortality only YES NO

Major Medical YES NO

