



# Crum Equine Veterinary Service

1875 Rainbow Drive NW, Lancaster, OH 43130  
740-653-6000 | [www.crumequine.com](http://www.crumequine.com)

For Office Use Only

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## Equine Information

Horse's Barn Name: \_\_\_\_\_

Horse's Registered Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Date of Birth/Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Gender: \_\_\_\_\_

Horse Location (Farm or Barn) Name: \_\_\_\_\_

Horse Location Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Location Manager's Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Insurance Company (if any): \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Service Authorization

As the owner of the above named horse, I give the following authorization instructions to **Crum Equine Veterinary Service** for care of my horse. I agree to pay in full for all authorized services.

- I am the only person that may authorize any care, including emergency care.
- Only I may authorize routine or non-emergency care, but I authorize the following person/people to request emergency care.
- The following person/people may authorize any care including but not limited to emergency, non-emergency and prescriptions.

Authorized Person/People: \_\_\_\_\_

Authorized Person's Phone Number(s): \_\_\_\_\_

Owner's Signature: x \_\_\_\_\_ Date \_\_\_\_\_