



B.W. Furlong & Associates

Oldwick, NJ | Wellington, FL

Peak Performance Equine Services

Middleburg, VA | Ocala, FL

BRENDAN W. FURLONG, MVB, MRCVS
WENDY E. LEICH, VET. MB, CVA, MRCVS
MARGARET M. MULLIN, VMD
RACHEL B. GARDNER, DVM, DACVIM
SARAH J. GOLD, DVM
MISTY E. GRAY, DVM
JAN HENRIKSEN, DVM, IVCA Cert.
MEGAN A. HAYS, VMD
ELLEN LEVITIAN, DVM
COURTNEY A. WITTICH, DVM
ELIZABETH C. ODYNEC, DVM
PETRISOR C. BAIA, DR. VET MED., MS, DACVS

Peak Performance

LISA L. CASINELLA, DVM
JILL A. COPENHAGEN, DVM
CAITLIN E. MANRING, DVM

Overnight Emergency Consent Form for Elective Procedures

In the event that my horse requires medical care during his stay with Brendan W. Furlong, MVB Equine Veterinarians P.A., I authorize basic triage services for minor conditions. If significant medical care is required, or the patient does not respond well to therapy, I understand I will be contacted using the information provided below.

Horse Name: _____

Emergency Contact #1:

Name: _____

Phone: (____) _____ - _____

Relationship: self/spouse/relative/trainer/authorized agent/shipper/other

Emergency Contact #2:

Name: _____

Phone: (____) _____ - _____

Relationship: self/spouse/relative/trainer/authorized agent/shipper/other

Authorized Signature: _____ **Date:** _____

Please indicate if the patient is going to be showing in the near future, as certain medications administered in an emergency situation could affect drug withdrawal times.

Date of show: _____ USEF/FEI (please circle one)

Please Fax Completed Form to: 908-439-2691

or Email to: mwalsh@bwfurlong.com or kdavis@bwfurlong.com

Any Further Questions or Concerns please contact our office at 908-439-2821