



**B.W. Furlong & Associates**  
EQUINE VETERINARIANS, P.A.

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## 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.

### 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](mailto:mwalsh@bwfurlong.com) or [kdavis@bwfurlong.com](mailto:kdavis@bwfurlong.com)

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

