



OAK HOLLOW EQUESTRIAN CENTER

A Limited Liability Company

Form 1804

EMERGENCY CONTACT INFORMATION & VET RELEASE

NAME OF HORSE: _____

OWNER OF HORSE: _____

PRINCIPAL RIDER OF HORSE: _____

NAME OF ADULT CONTACT: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

VET NAME: _____

VET PHONE: _____

IMPORTANT: *If there is a medical emergency with your horse and you cannot be reached, what is the dollar limit we can authorize the vet to spend for treatment?*

** Minor Emergency (such as a bad cut) \$ _____

** Major Emergency (life-threatening) \$ _____

Other Information _____

WEBSITE: www.oakhollowec.us

President: Elizabeth Savelli

EMAIL: oakhollowec@gmail.com

PHONE: 281-890-4420