

HORSE OWNER'S INFORMATION SHEET

(Please fill out one sheet for each horse boarded)

Horse's Name: _____ Mare ___ Gelding ___

Owner's Name: _____

Address: _____

Phone: _____ (Day _____ (Cell)

E-Mail _____

HORSE INFORMATION

Age _____ Breed: _____ Color _____

Markings _____

Registered? YES/NO If yes, with what associations _____

For Mares, is horse pregnant? YES/NO If yes, anticipated arrival date is _____

Does horse have any dangerous propensities or habits? If yes, please describe:

HORSE MEDICAL INFORMATION:

Colic? _____ Frequency _____

Founder _____ When _____

Allergies, if known _____

Tetanus Toxoid _____ Date _____

VEE _____

Encephalomyelitis (sleeping sickness)

Current Vaccinations _____

Other medical information we should be aware of _____

Date of last worming _____ Date of last Coggins Test _____

_____ Initial

HORSE FEED INFORMATION

Current Feeding Program: Hay Type _____ Amount _____

Grain Type(s) _____ Amount _____

Pellets _____ Amount _____

Known allergies to feeds _____

Special care requirements _____

Other numbers to be contacted in case of emergency:

Name Phone Number

Name Phone Number

Is horse insured? _____

Insurance Carrier _____ Policy # _____

Carrier's Address _____

Veterinary emergency contact:

Name Phone Number

Shoeing emergency contact:

Name Phone Number

CURRENT BOARDING INFORMATION

Where was the horse boarded?

Name of Facility Phone Number

How long was this horse boarded at this facility _____