

HORSE OWNER'S INFORMATION SHEET

(Fill out one sheet for each horse boarded)

Horse's Name _____ Mare ____ Gelding _____

Owner's Name _____

Address _____

Street City State Zip

Phone #s _____

Home Work Cell

E-Mail _____

Home Work Cell

HORSE INFORMATION

Age ____ Breed _____ Color _____

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 is the horse currently boarded?

Name of Facility Phone Number
How long has horse been boarded at this facility _____
Does facility know that you are planning to move horse? _____