

OWNER/ HORSE INFORMATION SHEET

Submitted To: The Equestrian Center, LLC

(Fill out one for each horse boarded.)

Owner's Name _____ Phone (h) _____

Email _____ Phone (w) _____

Address _____

Street City State Zip

Horse's Name & Registration _____

Foaled _____ Color _____ Markings _____

Anticipated arrival date _____ Breed _____

Sex _____ Date/last foaling _____

Does Horse have any dangerous propensities? If yes, describe:

Medical History of Horse: Colic _____ Frequency _____

Founder _____ When _____

Allergies _____

Other _____

Tetanus Toxoid _____ Date _____

VEE _____

Encephalomyelitis (sleeping sickness), Eastern & Western Strains

Date of last worming _____ Coggins Test _____

Feed Program: Hay type _____ Amount _____

Grain type(s) _____ Amount _____

Pellets _____ Amount _____

Known allergies to feeds _____

Special Care Requirements _____

Vices _____

To be contacted in case of emergency, if owner cannot be reached:

Name Phone Number

Address

Is Horse insured? _____ Insurance Carrier _____

Policy # _____ Carrier's Phone _____

Veterinary emergency contact: Phone Number

This Horse is/is not considered a surgical candidate in the event of colic or serious illness (check one).

_____ IS _____ IS NOT Expense Limit \$ _____ Owner's Initials _____ Date _____