

**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 \_\_\_\_\_