

HORSE OWNER'S INFORMATION SHEET

(Fill out one for each horse)

Owner's Name: _____
Department Name: _____
Phone No.: (cell) _____ (work) _____
Address: _____
City/St/Zip: _____
E-mail: _____

Horses Name and Number: _____
Age: _____ Color: _____ Markings/Brands: _____
Arrival date: _____

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

Medical History of Horse:

Colic _____ Frequency _____
Founder _____ When _____
Allergies, if known _____
Other _____

Vaccination Dates:

Tetanus Toxoid _____ West Nile _____
VEE _____ Strangles _____
Encephalomyelitis, Eastern & Western Strains _____
Rhino _____ Other Vaccination _____
Date of last worming: _____ Coggins Test: _____

Feeding Program:

Hay type _____ Amount _____
Grain type(s) _____ Amount _____
Pellets _____ Amount _____

Known allergies to feeds: _____
Special Care Requirements: _____

Habits: _____

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

Name: _____
Phone Number: _____
Address: _____

Value of Horse at time of arrival _____ Is Horse insured? _____
If horse is valued over \$5,000 we request the owner carry mortality/accident/loss of use for the length of training.

Insurance Carrier: _____ Policy # _____
Carrier's Address: _____
Insurance contact for emergencies and phone number: _____

Veterinary emergency contact:

Name: _____ Phone Number: _____
This Horse is/is not considered a surgical candidate in the event of colic or serious illness (check one).
_____ IS _____ IS NOT

Owner's Initials: _____



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(Fill out one for each horse)

Describe your horse's temperament:

Describe your horse's current level of training:

Describe any pertinent personality, health, or soundness issues with your horse:

List the specific goals and focuses for your horse's training:

Owner's Initials: _____

