



## OWNER'S INFORMATION SHEET 2018

Horses barn name: \_\_\_\_\_  
(Fill out one for each horse boarded.)

Owner's Name \_\_\_\_\_ Phone Cell \_\_\_\_\_  
(As recorded with the Registry) Wk \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Horse's Name and Number \_\_\_\_\_

Foaled \_\_\_\_\_ Color \_\_\_\_\_ Markings \_\_\_\_\_

Anticipated arrival date \_\_\_\_\_ Foal at Side? \_\_\_\_\_

Sire of Foal \_\_\_\_\_ Date/last foaling \_\_\_\_\_

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

Stallion to which mare shall be

bred : \_\_\_\_\_

Medical History of Horse:	Colic	Frequency
Found	When	
er	_____	_____

Allergies, if known \_\_\_\_\_

Other \_\_\_\_\_

Tetanus Toxoid \_\_\_\_\_ Date \_\_\_\_\_

VEE \_\_\_\_\_

Encephalomyelitis (sleeping sickness), Eastern & Western Strains

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

Is Horse insured? \_\_\_\_\_

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 \_\_\_\_\_