

**TAMARACK FARM
BOARDING INFORMATION SHEET
OWNER/HORSE**

Owner's Name _____ Telephone No. _____

Address: _____
Street City State Zip

Owner's Email Address: _____

Horse's Name & Number: _____

Anticipated Arrival Date: _____ Anticipated Departure Date: _____

Foaled _____ Sex: _____ Breed: _____ Color: _____

Markings: _____

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

Preferred Farrier & Schedule: _____ Phone: _____

Preferred Veterinarian: _____ Phone: _____

Medical History of the Horse:

Colic _____ Frequency: _____

Founder _____ When: _____

Allergies, if known: _____

Other: _____ Description: _____

Date of Last Worming: _____ Type Used: _____ COGGINS TEST: _____

VACCINATION HISTORY:

Date Given:

Encephalomyelitis (sleeping sickness), Eastern & Western Strains

Tetanus Toxoid

Rabies

VEE

FEEDING PROGRAM

Hay Type _____ Amount _____ Frequency _____

Grain Type(s) _____ Amount _____ Frequency _____

Pellets _____ Amount _____ Frequency _____

Supplements _____ Amount _____ Frequency _____

Known Allergies to feeds: _____ Habits: _____

Special Care Requirements: _____

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

Name Address Telephone Number(s)

Is Horse Insured? _____

Insurance Carrier: _____ Address _____

Policy Number: _____ Insurance Contact Number for Emergencies: _____

This Horse _____ IS or _____ IS NOT considered a surgical candidate in the event of serious illness or injury.

Owner's Initials: _____

Owner's Signature (or parent or guardian of minor)

Date