



# Oak Meadows Stables Natural Horsemanship

## OWNER'S INFORMATION SHEET 2017

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  
er

When

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