EQUINE DISCLOSURE FORM

| Owner of Horse: |
|---|
| Name: |
| Address: |
| Email: |
| Phone: |
| Lessee or Agent of Owner of Horse, if applicable: |
| Name: |
| Address: |
| Email: |
| Phone: |
| Terms of Lease: |
| Minors who will ride or handle horse, if any (attached additional sheet of paper if necessary with this information for each minor if more than one): |
| Minor DOB: |
| Minor Address: |
| Minor Email: |
| Minor Phone: |
| Registered or Show name of Horse: |
| "Barn" name of Horse: |
| USEF, Jockey Club or other registration #: |
| Physical Description of Horse: |
| Breed: |
| Foal Date (if known, if not known; January 1 of year born): |
| Height: |
| Gender: |
| Color/ Markings: |
| Daily Turnout: |
| Alone/ Group: |
| Same gender or mixed: |
| Length or turnout: |
| Turnout requirements: |
| Special Tack Requirements: |
| Health and Care Information: |
| Preferred Hay (quality and amount): |
| Grain Brand and Type: |

| JRF I | EQUESTRIAN | |
|-------|------------|--|
| | | |

| Amount of Grain/ Day: |
|---|
| Supplements: |
| Farrier (name and phone): |
| Veterinarian (name and phone): |
| Vices: |
| Lameness: |
| De Worming: |
| Vaccinations: |
| Microchip/ Brand/ Tattoo: |
| Equine Behavior: Undesirable behavior towards humans: circle all that apply |
| Biting Spooking Kicking Charging Rearing Bucking Bolting Running in or out of Stall Dumping Riders Tripping |
| Shipping issues Bathing issues Farrier issues Vet issues |
| Tying issues Grazing issues Leading issues Blanketing issues Other (please describe): |
| Undesirable Behavior towards other Equines: Undesirable Behavior towards other animals: Cribbing/ Weaving/ Digging/ Chewing/ Similar issues: |
| Emergency Contact if Owner/ Lessee/ Agent Not Available: Name: Phone: |
| I CERTIFY THAT THE ABOVE INFORMATION WAS PROVIDED BY ME AND TRUE, COMPLETE AND ACCURATE: |
| (signature of |
| Boarder) |
| (Date Completed) |