



Pinewood Stable

Description of Horse to be Boarded

Owner: _____

Address: _____

City: _____

Phone: _____

Cellphone: _____

Work phone: _____

Email: _____

Horse _____ of _____

Attach a photo of the horse here

Barn Name: _____ Date of Birth: _____

Breed: _____ Secondary Breed: _____

Registered? **Yes** or **No** Registered Name: _____

Breed Associations: _____

Sex: G M Color: _____ Size: _____ H _____ Weight: _____

Unique Markings and/or patterns: _____

Farrier: _____ Contact Number: _____

Cellphone: _____

Veterinarian: _____ Contact Number: _____

Cellphone: _____

After Hours Number: _____

In the event of an emergency and you cannot be reached:

Contact Person: _____ Contact phone number: _____

Contact Person: _____ Contact phone number: _____

Permission to call Pinewood Stable vet if your veterinarian cannot be reached: **Yes** or **No** (circle one)

Maximum monetary amount you authorize for emergency medical treatment in your absence: \$ _____