

Owner's Information Sheet

Owner's Name _____ Cell Phone _____

Street Address _____ Alt Phone _____

City _____ State _____ Zip _____ Email _____

Horse's Name _____ Breed _____

Horse's Color _____ Markings _____

Please describe any bad habits or dangerous propensities that horse may have _____

Medical History of Horse:

Colic Y / N Date(s) _____

Founder Y / N Date(s) _____

Allergies Y / N Description _____

Vaccinations Y / N Date and Type _____
(Tetanus, EEE, WEE, rabies, rhino, West Nile, Potomac, etc.)

Dewormed Y / N Date and Type _____
(Ivermectin, Praziquantal, Fenbendazole)

*A negative Coggins test is **required** for all horses. Date of Coggins test _____

Feeding Requirements and/or Requests:

Hay Type _____ Amount _____

Grain Type(s) _____ Amount _____

Special Feed Requirements _____ Amount/Frequency _____

Shoeing Information

Name of Farrier _____ Phone _____

Front Shoes? Y / N Rear Shoes? Y / N?

Special shoeing instructions _____

Emergency Contact Information (if owner cannot be reached)

Name _____ Phone _____

Veterinarian _____ Phone _____

Insurance Information

Is horse insured? Y / N

Insurance Carrier _____ Policy # _____

Insurance Contact for emergencies _____ Phone _____

Is this horse considered a surgical candidate in the event of colic or serious illness? Y / N

Additional Information and/or Comments
