**OWNER'S INFORMATION SHEET**

 Submitted To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Fill out one for each horse boarded.)

|  |  |  |  |
| --- | --- | --- | --- |
| Owner's Name |  | Phone No.(h) |  |
| (as recorded with the Registry)  | (w) |  |
| 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 |  |
| Founder |  | 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\_\_\_\_\_\_\_\_\_\_