

Owner Information Sheet

(Fill out one for each horse boarded.)

Owner

Owner's Name: _____	Address: _____
Parent/Guardian if Owner is a Minor: _____	_____
Home Phone: _____	Mobile Phone: _____
Work Phone: _____	Other Phone: _____
Is this horse leased? Yes No	If yes, name of Lessor: _____

Horse

Horse's Registered Name: _____	Foaled (year): _____
Nickname (if any): _____	Breed: _____
Registration Numbers: _____	Color: _____
Sex: mare gelding stallion (circle one)	Markings: _____
Does horse have any dangerous propensities? If yes, describe: _____	

Medical History of Horse

Colic Total number of episodes: _____ Date of most recent episode: _____	Founder Total number of episodes: _____ Date of most recent episode: _____
Tying Up Total number of episodes: _____ Date of most recent episode: _____	Other: _____ Total number of episodes: _____ Date of most recent episode: _____
Has horse ever been out of work for more than 6 months? If so, why? _____	Has horse ever had surgery? If so, when and what kind? _____
_____	_____
_____	_____

Insurance Information

Is horse insured? Yes No

Insurance Carrier: _____ Policy # _____

Carrier's Address: _____ Insurance Company's Emergency Phone Number:

Guidelines for Handling Emergency Medical Situations

If you cannot be reached during an emergency medical situation involving your horse, who is your authorized agent to make decisions regarding the care of the horse? This person will be responsible for authorizing all charges that you will be responsible for paying as well as for making the decision to euthanize your horse should a life-threatening situation arise. Authorized agents will be contacted in the order listed.

(1) _____ Relationship to Owner: _____

Phone 1: _____ Phone 2: _____

Phone 3: _____ Phone 4: _____

(2) _____ Relationship to Owner: _____

Phone 1: _____ Phone 2: _____

Phone 3: _____ Phone 4: _____

(3) _____ Relationship to Owner: _____

Phone 1: _____ Phone 2: _____

Phone 3: _____ Phone 4: _____

(4) _____ Relationship to Owner: _____

Phone 1: _____ Phone 2: _____

Phone 3: _____ Phone 4: _____