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HORSE OWNER'S INFORMATION SHEET

Heritage Club Stables



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(Fill out one for each horse boarded)

Owner's Name _____

Phone (Home) _____ (Work) _____

Address _____

Social Security # _____

Horses Name and Registration Number _____

Year Foaled _____ Color _____ Markings _____

Anticipated Arrival Date _____ Foal at Side? Y or N

Sire of Foal _____ Date/Last Foaling _____

Does horse have any dangerous propensities? If yes, describe:

Medical History of Horse:

Colic? Y or N Frequency _____

Founder Y or N When _____

Allergies _____

Other _____

Tetanus Toxoid Y or N Date _____

VEE (Venequelan Equine Encephalitis Virus) Y or N Date _____

Encephalomyelitis (Sleeping Sickness) Y or N Date _____

Eastern & Western Strains Y or N Date _____

Coggins Test Y or N Date _____

Wormed Y or N Date _____

Current Feeding Program:

Hay Type _____ Amount (lbs)/Feeding _____

Grain Type(s) _____ Amount (lbs)/Feeding _____

Pellets _____ Amount (lbs)/Feeding _____

Known allergies to feeds

Special Care Requirements

Habits of Horse

To be contacted in case of emergency, if owner cannot be reached:

Name _____ Phone Number _____

Address _____ State _____ Zip _____

Is horse insured? Y or N

Insurance carrier _____ Policy # _____

Carrier's Address _____

Insurance contact for emergencies _____ Phone number _____

Veterinary emergency contact _____ Phone number _____

This horse **IS** or **IS NOT** considered a surgical candidate in the event of colic or serious illness

Owner's Signature _____ Date _____