

OWNER'S INFORMATION SHEET

Submitted To: Windhorse Ranch
(Fill out one for each horse boarded.)

Owner's Name _____ Phone No. (h) _____

Owner's Name _____ (w) _____

(c) _____

Address _____

Street _____ City _____ State _____ Zip _____

Horse's Reg Name/Number _____

DOB _____ Color _____ Markings _____

Medical History of Horse: Colic _____ Frequency _____

Founder _____ When _____

Allergies, if known _____

Other _____

Tetanus Toxoid _____ Date _____

Rabies _____ Date _____

Encephalomyelitis (sleeping sickness), Eastern & Western Strains _____ Date _____

West Nile Virus _____ Date _____

Date of last worming _____ Coggins Test _____ Date _____

Feeding Program: Hay type(s) _____ Amount _____

Known allergies to feeds _____

Special Care Requirements _____

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

Name _____ Phone Number _____

Is Horse insured? _____

Insurance Carrier _____ Policy # _____

Carrier's Address _____

Insurance contact emergencies and phone # _____

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 _____

