



## OWNER INFORMATION

Owner Name: \_\_\_\_\_

Cell #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Contact Cell: \_\_\_\_\_

## AGENT INFORMATION

Trainer/Agent Name: \_\_\_\_\_

Cell #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

## HORSE INFORMATION

Horse Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_

Brand/Tattoos: \_\_\_\_\_

Microchip #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

Medication(s): Y – N (circle) (Supplied by Owner with horse name & instructions plainly written on container) Dosage(s) and Frequency: \_\_\_\_\_

\_\_\_\_\_

Initials: \_\_\_\_\_

Does this horse have any stable habits, mannerisms, or peculiarities: Y – N (circle)

Explain:

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Does this horse have any previous medical history: Y – N (circle)

Explain:

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Preferred Veterinarian Name (if applicable):

Office #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Preferred Farrier Name (if applicable): \_\_\_\_\_

Cell #: \_\_\_\_\_

This horse (owner's initials): \_\_\_\_\_ IS \_\_\_\_\_ IS NOT  
a candidate for emergency surgery in the event I am unable to be reached. If yes, I agree  
to all charges thereof.

Last deworming date: \_\_\_\_\_ Deworming product used: \_\_\_\_\_

Any other information we should know about:

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**Please attach a copy of current full year of vaccinations as well as current  
negative coggins test.**

I as owner of said horse, explicitly agree to allow trainer/agent to speak on my behalf  
and make decisions in my absence.

\_\_\_\_\_  
Signature (Horse Owner)

\_\_\_\_\_  
Date Signed

Initials: \_\_\_\_\_