

HORSE INFO

DATE: _____ Customer name & ID #: _____

NAME: _____

AGE: _____

BREED: _____ COLOR: _____

WEIGHT: _____ SEX: _____

SPAYED OR NEUTERED? _____

Does this pet take any MEDICATIONS? Y / N *If yes describe below.*

Does this pet have any HEALTH PROBLEMS? Y / N *If yes describe below.*

Does this pet have ID TAGS or a MICROCHIP implant? _____

Is this pet current VACCINATIONS? Y / N

Does this pet usually eat normally when you are away? Y / N _____

Do you have barn cats you would like cared for? Y/N

If yes, describe below. (feeding and watering barn cats is free of charge)

If you answer yes to any of the following questions describe below.

DOES THIS HORSE HAVE A HISTORY OF:

COLIC? _____ **Y / N**

STOCKING UP? _____ **Y / N**

FOUNDERING? _____ **Y / N**

HEALTH PROBLEMS? _____ **Y / N**

Does this horse have any unique habits? Y / N (weaving, cribbing, etc)

Does this horse have any unique fears or phobias? Y / N

MARK ALL THAT APPLY TO THIS HORSE:

This horse is usually _____ (fill in the blank) _____ with people.

friendly and curious
cautious and curious

indiferent
shy but curious

frightened
aggressive

Other: _____

Please show the caregiver where all items necessary for care are located and discuss the feeding routine and necessary services at this time.

Include explanations to above questions and any information you feel is important to your pets care below and on the back of this form.

