

# OWNER'S INFORMATION SHEET

(Fill out one for each horse boarded)

Submitted To: **Armored Acres**

Owner's Name \_\_\_\_\_ email: \_\_\_\_\_

Phone No.(h) \_\_\_\_\_ (w) \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Horse's Name \_\_\_\_\_

Reg. Number (if applicable) \_\_\_\_\_

Age \_\_\_\_\_ Color \_\_\_\_\_ Markings \_\_\_\_\_

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

History of Horse: Colic \_\_\_\_\_ Frequency \_\_\_\_\_

Founder \_\_\_\_\_ When \_\_\_\_\_

Allergies, if known \_\_\_\_\_

Other \_\_\_\_\_

Tetanus Toxoid \_\_\_\_\_ Date \_\_\_\_\_

VEE \_\_\_\_\_

Encephalomyelitis (sleeping sickness), Eastern & Western Strains

Date of last worming \_\_\_\_\_ Coggins Test \_\_\_\_\_

Feeding Program: \_\_\_\_\_ Hay type \_\_\_\_\_ Amount \_\_\_\_\_

Grain type(s) \_\_\_\_\_ Amount \_\_\_\_\_

Pellets \_\_\_\_\_ Amount \_\_\_\_\_

Known allergies to feeds \_\_\_\_\_

Special Care Requirements \_\_\_\_\_

Habits \_\_\_\_\_

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

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Is Horse insured? \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Carrier's Address \_\_\_\_\_

Insurance contact for emergencies and phone number: \_\_\_\_\_

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 \_\_\_\_\_