

Arrival Date: _____ Departure Date: _____

Horse Information:

Barn Name _____ Breed _____
Registered Name _____
Age _____ Year Foaled _____ Sex _____

Owner Information:

Name _____
Address _____
City _____ State _____ Zip _____
Email address _____
Phone Numbers:
Home _____ Alternate Contact _____
Cell _____ Alt. Cont. Ph# _____
Work _____ Alt. Cont. Other# _____
Other _____

Horse Records:

Date of last de-worming _____ Name of de-wormer _____
Date of last Coggins test _____
Vaccination record (record dates)
Flu _____ Tetanus _____
Rhino _____ Strep (strangles) _____
E/W Enceph _____ Rabies _____
West Nile _____ Other _____
Potomac H.F. _____ Other _____

Veterinarian's Name _____
Office# _____ Cell# _____

Date of last trim or reset of shoes _____

Ferrier's name _____
Home# _____ Cell# _____

Special instructions for shoeing _____

Is your horse in foal? Yes _____ No _____
Breeding date _____ Foaling date _____

Is your horse Insured? Yes _____ No _____
Mortality? Yes _____ No _____ Major Medical? Yes _____ No _____

Insurance company _____
Phone# _____ Policy# _____

Note: If the above horse sustains colic, sickness or injury that requires immediate professional attention Southern Belle Riding has the signed agreement from this horse's owner to get the medical attention needed if the owner cannot be contacted. The owner is responsible and agrees to pay all veterinary and hauling expenses.

In case of emergency:

Preferred Veterinarian: _____

Phone: _____

Alternative Veterinarian: _____

Phone: _____

Preferred Equine Hospital: _____

Phone: _____

Alternative Equine Hospital: _____

Phone: _____

In case of emergency is the Owner's horse to undergo surgery if Stable cannot get hold of Owner for Colic? Yes _____ No _____ Other? Yes _____ No _____

Any additional information/restriction? _____

Note: It is not guaranteed that Southern Belle Riding will be able to use the listed veterinarian or hospital due to availability and other unforeseen reasons. It is also not guaranteed that Southern Belle Riding will be able to catch a medical problem within time to be able to get the medical attention required.

Owner: _____ **Date:** _____