

BOARDER INFORMATION SHEET

Boarder Name (Responsible Party): _____
Home Phone: _____ Cell Phone: _____
Address: _____ email _____
Street: _____ City: _____ State: _____ Zip: _____

Contact in case of an emergency if Owner/Boarder cannot be reached: _____
Home Phone: _____ Work/Cell Phone: _____

Horse's Name : _____
Foaled: _____ Color: _____ Sex: _____
Markings: _____ Height: _____ Weight: _____

Medical History of Horse:
Colic: _____ Frequency: _____ Last Episode: _____
Method of Treatment: _____
Founder: _____ When: _____ Method of Treatment: _____

Horses are fed 2.0% of their total weight in hay and/or pellets daily. We offer alfalfa and Bermuda grass. Replacement pellets are alfalfa/grass hay. Owner provided supplements and additional feedings will be fed at noon as part of a chargeable service.

Known food allergies: _____
Special Care Requirements: _____
Habits (such as cribbing, biting, weaving, rinsing food, morning naps, etc.): _____
What do you prefer your horse to be fed? _____

Ferrier: _____ Telephone: _____

Is the Horse insured? _____ If value of Horse exceeds \$5,000 please provide the following:
Insurance Carrier (Equine Mortality): _____ Policy Number: _____
Carrier's Address: _____

Veterinary Emergency Contact: _____ Phone: _____
Office Address _____

Owner's Initials: _____ Arrival Date: _____ Barn _____ Stall _____

Base Board _____ T/O _____ Lunch _____
Supplementing _____ Blanketing _____ Other _____