



**Owner:**

Address:

Phone:

Vacation Phone:

Cell Phone:

Length of Time Owned:

Breed:

Physical Description (if similar to another):

**Contact info of neighbor/relative etc., for help if needed:**

Name:

Address:

Phone(s):

**Pet Name:**

**Nick Name:**

Sex: Gelding / Stallion / Mare Bred: Y / N

Birth date: Or Age:

Weight: Height:

Animal Location (If not at home):

Does Animal come up from pasture with Call / Whistle? Y / N With rattled feed bucket? Y / N

**Feeding Instructions:**

<input type="checkbox"/> <b>Hay</b> Location: # of Flakes: Where to feed:		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Type: Grass / Alfalfa / Mix / Pellets / Cubes <input type="checkbox"/> Wet / Soak hay <input type="checkbox"/> Feed apart from other pets/supervise Procedure:
<input type="checkbox"/> <b>Grain</b> Brand: Measure with: Amount: Where to feed:		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Type: Sweet / Oats / Mix / Other: _____ <input type="checkbox"/> Wet / Soak feed <input type="checkbox"/> Mix in Supplements & Medications <input type="checkbox"/> Mix in Oil <input type="checkbox"/> Feed apart from other pets/supervise Procedure:
<input type="checkbox"/> <b>Medication(s):</b> Amt: Location: Hide In Treat:		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> <b>Supplement(s):</b> Amt: Location: Hide In Treat:		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> <b>Water</b> Bucket Location:	Source:	<input type="checkbox"/> Hose <input type="checkbox"/> Buckets <input type="checkbox"/> Faucet	Procedure: <input type="checkbox"/> Automatic waterer – just verify it’s working
<input type="checkbox"/> <b>Treats</b> Name: Amt: Location:	<b>Notes:</b>		

**Clean Stalls:** \_\_\_\_X daily      **Pick Paddock:**\_\_\_\_X daily      **Scrub Water Bucket:**\_\_\_\_X weekly

**Barn Cat(s) or other Farm Pet(s) Special Instructions:**

Owner:

Pet:

**Pet's Living Area:**

*No Turn Out*

- Stalled 24 hours a day
- Free access to outdoors from stall / Run In

*Turn Out*

- Into fenced area adjacent to stall
- Halter and lead to pasture – daytime only
- Halter and lead to pasture – during visit only

- Rotate pastures
- Turn electric fence on and off during use
- Close barn doors at night / bad weather, Open during day

Location of 2 Halters, 2 Lead Ropes:

Pasture Desc:

**Emergency Care:**

*\*Placing Credit Card on file at vets office is recommended*

Vet Name:

Vaccinations up to date on (month/yr):

Clinic Name:

Phone:

Farrier Name:

Procedure for cracks or loose / lost shoes:

Business Name:

Phone:

**Pet Medical History:** (ongoing or reoccurring known illnesses/injuries, treatments & medications)

	<i>In Past</i>	<i>High Risk</i>	<i>Description</i>
Colic	<input type="checkbox"/>	<input type="checkbox"/>	
Founder	<input type="checkbox"/>	<input type="checkbox"/>	
Tied Up	<input type="checkbox"/>	<input type="checkbox"/>	
Choke	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Depression	<input type="checkbox"/>	<input type="checkbox"/>	

Other Medical Issues:

Medical Kit Location & Items:

**Exercise Instructions:**

Location of Tack & Equipment:

Owner:

Pet:

**Temperament/Personality:**

Pet is usually:

- |   |                                     |                                   |   |
|---|-------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Sane                   | <input type="checkbox"/> Mellow     | <input type="checkbox"/> Friendly | <input type="checkbox"/> Prone To Kick / Bite / Rear / Buck |
| <input type="checkbox"/> Spooky / Unpredictable | <input type="checkbox"/> Bomb Proof | <input type="checkbox"/> Cautious | <input type="checkbox"/> Prone to Flight / Run Barriers     |
| <input type="checkbox"/> High Strung            | <input type="checkbox"/> Stubborn   | <input type="checkbox"/> Mean     | <input type="checkbox"/> _____                              |
| <input type="checkbox"/> Head Shy               | <input type="checkbox"/> Energetic  | <input type="checkbox"/> Aloof    | <input type="checkbox"/> _____                              |

Pet Doesn't Like:

- |  |   |   |                                       |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Baths             | <input type="checkbox"/> Hot Days / Sun | <input type="checkbox"/> Men / Women / Kids | <input type="checkbox"/> Vehicles     |
| <input type="checkbox"/> Hoof Pick         | <input type="checkbox"/> Rain           | <input type="checkbox"/> Strange Noises     | <input type="checkbox"/> Bags         |
| <input type="checkbox"/> Sprays / Aerosols | <input type="checkbox"/> Snow / Cold    | <input type="checkbox"/> Being Touched      | <input type="checkbox"/> Wild Animals |
| <input type="checkbox"/> Shots             | <input type="checkbox"/> Storms         | <input type="checkbox"/> Farrier Work       | <input type="checkbox"/> _____        |
| <input type="checkbox"/> Massage           | <input type="checkbox"/> New Horses     | <input type="checkbox"/> All Humans         | <input type="checkbox"/> _____        |
| <input type="checkbox"/> Touch Ears        | <input type="checkbox"/> Other Pets     | <input type="checkbox"/> Strangers          | <input type="checkbox"/> _____        |

Pet reacts to the above by:

Has Pet Ever:

Describe (even if mild, or under extreme/unusual situations)

- Bit / Kicked someone
- Attacked another animal
- Injured self /escaped out of fear
- Injured self out of boredom
- Escaped from home,

Where does he/she like to escape to?  
How can he/she be retrieved?

Commands: (Please circle commands we know, and underline commands we are working on):

Walk	Canter	Slow	Quit	Move On	Move Forward	_____	_____
Trot	Move	Easy	Treat	Back		_____	_____

Can anyone ride / work with animal while you are away?: Y / N

Does animal stand for farrier?: Y / N      Use nose chain / Twitch?: Y / N

Describe special gaits & regular state of movement:

Will animal trailer load easily? Y / N	Unload quietly? Y / N	Travel quietly? Y / N
Is horse used to Large / Small trailers?	Slant Load / Straight Load?	Ramp / Step Up Style?

Where is original copy of Coggins (Horse) test kept for emergency travel needs?:

Comments:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_