

HORSE/OWNER/RIDER INFORMATION

HORSE

NAME \_\_\_\_\_  
BREED \_\_\_\_\_ AGE \_\_\_\_\_

SEX: mare gelding stallion

FEED (current)  
TYPE \_\_\_\_\_  
AMOUNTS \_\_\_\_\_

LAST SHOD/TRIMMED \_\_\_\_\_ DUE \_\_\_\_\_

VACCINATION RECORD

	DATE GIVEN
TETANUS	____/____/____
EASTERN & WESTERN ENCEPHALOMYELITIS	____/____/____
INFLUENZA	____/____/____
RHINOPNUEMONITIS	____/____/____
STRANGLES	____/____/____
RABIES	____/____/____
POTOMAC HORSE FEVER	____/____/____
WEST NILE VIRUS	____/____/____
OTHER _____	____/____/____

EIA TEST DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ PLEASE FURNISH OFFICE WITH COPY

WORMING

MEDICATION USED \_\_\_\_\_  
DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

PREVIOUS OR EXISTING WOUNDS, SCARS, OR INJURIES

\_\_\_\_\_  
\_\_\_\_\_

HABITS

\_\_\_\_\_

OWNER

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_  
EMERGENCY CONTACT  
NAME \_\_\_\_\_  
PHONE \_\_\_\_\_

Rider (if different than owner)

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_  
EMERGENCY CONTACT  
NAME \_\_\_\_\_  
PHONE \_\_\_\_\_