

The Smilin' T Ranch

Information sheet

In order to take the best care of your horse(s), please answer the questions below.

Name of Horse Owner(s): _____

Home Address: _____

Home: _____ Cell: _____ Driver's License Number: _____

e-mail address (this will not be given out or used for spam mail)? _____

Work Name/Address: _____

Work Phone: _____ Ext. _____ Pager: _____

Name of Horse: _____ Reg. #: _____ Age: _____

Breed: _____ Color/Markings: _____ Tattoo: _____ Circle One: Mare, Gelding

List any scars, wounds or deformities: _____ Estimated Value of Horse: \$ _____

Date to start boarding: _____ Type of boarding desired (circle one): Pasture/Private Boarding

Special conditions: _____

Habits of horse: _____

How tall is your horse _____ hands What is the approximate weight of your horse _____ pounds

Do you own/lease this horse _____ If you own, how long have you owned this horse _____

Does horse have any special medical needs Yes/No If yes, provide details: _____

Is this horse insured Yes/No Full Mortality Yes/No Value: \$ _____

Name, address and phone number of insurance agent/company _____

Special instructions per insurance: _____

Can horse be tied Yes/No/Unknown Cross-tied Yes/No/Unknown Can horse be twitched Yes/No/Unknown

Does your horse (circle all that apply) kick, bite, rear, crib, chew, other _____

Can your horse be turned out with mares Yes/No Geldings Yes/No Babies Yes/No

When turned out with other horses, what type of dominance pattern is observed? Alpha, Dominant, Submissive, Middle of the road, other: _____

Special handling instructions: _____

Date and results of Coggins within last 12 months (copy must be supplied): _____

Dates of most recent vaccinations (or attach a copy from vet): Rabies _____ VEWT _____

Flu _____ Strep Strangles _____ Rhino _____ West Nile _____

Date of last worming and product used: _____

Do you blanket your horse? Yes/No If yes, please provide details: _____

Has your horse had colic surgery Yes/No Does your horse have a history of colic/intestinal problems Yes/No

If yes, please provide details: _____

What are your riding habits/how often do you ride _____

What time and day(s) do you normally ride and where _____

Are you interested in taking horse riding lessons Yes / No If yes, what kind Western / Dressage.

What level rider are you Beginner, Intermediate, Advanced, Unsure

Does horse have any hoof problems Yes/No If yes, describe: _____

Date of last hoof trim _____ Date of last shoeing _____

Does horse have any special farrier needs Yes/No If yes, describe: _____

Your Veterinarian's name: _____ Phone: _____

Your Farrier's name: _____ Phone: _____

Please use the space below to list any other pertinent information about your horse:
