

Please complete one Pet Information Disclosure form per pet or litter.

Owner		Pet Name	
Length of Time Owned		Nickname	
Breed		Sex Gelding / Stallion / Mare	Bred Y/N
Physical Description (if similar to others)		Birth Date	or Age
		Weight	or Size
Animal Location			

Does Animal come up from pasture with Call / Whistle? Y / N

With rattled feed bucket? Y / N

Feeding Instructions

<input type="checkbox"/> Hay	Location: Number 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"/> Grain	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 and/or medication <input type="checkbox"/> Mix in Oil <input type="checkbox"/> Feed apart from other pets / supervise Procedure:
<input type="checkbox"/> Medications(s)	Amount: Location: Hide In Treat:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Medication(s)	Amount: Location: Hide In Treat:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	
<input type="checkbox"/> Water		<input type="checkbox"/> Hose <input type="checkbox"/> Bucket <input type="checkbox"/> Faucet	Procedure: <input type="checkbox"/> Automatic waterer – just verify it's working
<input type="checkbox"/> Treats	Name: Amount: Location:	Notes	

Owner

Pet Name

Clean Stalls: ____ x daily

Pick Paddock: ____ x daily

Scrub Water Bucket: ____ x weekly

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

Pet's Living Area

<p><i>No Turn Out</i></p> <p><input type="checkbox"/> Stalled 24 hours a day</p> <p><input type="checkbox"/> Free access to outdoors from stall / Run In</p> <p><input type="checkbox"/> Rotate pastures</p> <p><input type="checkbox"/> Turn electric fence on and off during use</p> <p><input type="checkbox"/> Close barn doors at night / bad weather, Open during day</p>	<p><i>Turn Out</i></p> <p><input type="checkbox"/> Into fenced area adjacent to stall</p> <p><input type="checkbox"/> Halter and lead to pasture – daytime only</p> <p><input type="checkbox"/> Halter and lead to pasture – during visit only</p> <p>Location of 2 Halters, 2 Lead Ropes</p> <p>Pasture Description</p>
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Emergency Care

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

Veterinarian Name

Clinic Name

Phone

Latest Vaccinations

Farrier Name

Company Name

Phone

Procedure for cracks or loose / lost shoes

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 and Items			

Owner

Pet Name

Exercise Instructions (Location of Tack and Equipment)

Temperament/Personality

Pet Is Usually

- | | | |
|-------------------------------------------------|--------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Sane | <input type="checkbox"/> Mellow | <input type="checkbox"/> Friendly |
| <input type="checkbox"/> Spooky / Unpredictable | <input type="checkbox"/> Bomb Proof | <input type="checkbox"/> Prone To Kick / Bite / Rear / Buck |
| <input type="checkbox"/> Cautious | <input type="checkbox"/> High Strung | <input type="checkbox"/> Prone to Flight / Run Barriers |
| <input type="checkbox"/> Stubborn | <input type="checkbox"/> Mean | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Head Shy | <input type="checkbox"/> Energetic | <input type="checkbox"/> _____ |
| <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"/> Shots |
| <input type="checkbox"/> Vehicles | <input type="checkbox"/> Hoof Pick | <input type="checkbox"/> Rain | <input type="checkbox"/> Storms |
| <input type="checkbox"/> Strange Noises | <input type="checkbox"/> Bags | <input type="checkbox"/> Sprays / Aerosols | <input type="checkbox"/> Farrier Work |
| <input type="checkbox"/> Snow / Cold | <input type="checkbox"/> Being Touched | <input type="checkbox"/> Wild Animals | <input type="checkbox"/> Massage |
| <input type="checkbox"/> New Horses | <input type="checkbox"/> All Humans | <input type="checkbox"/> Touch Ears | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Other Pets | <input type="checkbox"/> Strangers | | <input type="checkbox"/> _____ |

Pet reacts to the above by:

Has Pet Ever

- 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?

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

Owner

Pet Name

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: _____