

**POND VIEW FARM - CLIENT INFORMATION**

Horse Name \_\_\_\_\_ Barn Name \_\_\_\_\_

Height \_\_\_\_\_ DOB \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ Breed \_\_\_\_\_

Feed Requirements \_\_\_\_\_

Medical Requirements \_\_\_\_\_

Turn out Requirements \_\_\_\_\_

(Alone: w/ friend: w/ bell boots, polo wraps???)

**IN CASE OF EMERGENCY, POND VIEW FARM AND/OR THEIR AGENTS AND EMPLOYEES HAVE AUTHORITY TO REQUEST THE SERVICES OF A VETERINARIAN TO ATTEND THE EMERGENCY**

**Is the horse a surgical candidate if such decisions need to be made? \_\_\_\_\_**

Owner Name \_\_\_\_\_ Local Phone \_\_\_\_\_

Local Address \_\_\_\_\_

Off Island Address \_\_\_\_\_

Off Island Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Procedure/Contacts \_\_\_\_\_

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

Veterinarian \_\_\_\_\_ Telephone # \_\_\_\_\_

Blacksmith \_\_\_\_\_ Telephone# \_\_\_\_\_

Date of Last Shoeing \_\_\_\_\_ Date of Last Worming \_\_\_\_\_

**All horses need to be up to date on yearly vaccines and coggins test.**

Please give the month and date of following:

Flu/Rhino \_\_\_\_\_ Coggins \_\_\_\_\_

E/W Test \_\_\_\_\_ PHF \_\_\_\_\_

Rabies \_\_\_\_\_

**Owners Signature \_\_\_\_\_ Date \_\_\_\_\_**