

Rainbow Canyon Ranch Horse Facts and Information Sheet

Show Name: _____ Barn Name: _____ USEF# _____

Age _____ Sex _____ Breed _____ Height _____

Owner Name: _____ Phone: _____

Owner Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone: _____

The following information pertains to the above named horse.

Horses' Routine Care

Type shoes: _____ last date shod: _____

Date of last vaccines: _____ Vaccines given: _____

Date of last worming: _____ Date of last dental: _____

Veterinarian and Farrier Care

Owners Preferred Vet: _____ Phone: _____

Owners Preferred Farrier: _____ Phone: _____

List any and all medical conditions, and known soundness issues _____

Has the horse been treated or hospitalized for colic? _____

Surgery performed? _____ Date if applicable: _____

Has the horse ever sustained an injury? Please describe all. _____

List any and all medications horse is on including nutraceuticals: _____

Date of last injections, and list joints or areas injected: _____

Frequency of injections: _____ Legend/Adequan? _____

Insurance

Carrier: _____ Agent: _____

Phone: _____ Policy # : _____

Are there any exclusions for this horse on your insurance? _____

Horses' Information

Am Feed: _____ PM Feed: _____

Lunch: _____ Special: _____

List any vices: _____

Special Care Needed: _____

Bridle and Bit used: _____ Special tack: _____

Divisions Shown in: _____

Explain Horse Show Prep: _____

**By signing below I acknowledge and agree that all the information I
provided above is true to the best of my knowledge:**

Signature _____ Date _____

Print Name _____

Accepted by Staff member

Signature _____ Date _____