



Laurel Hill Farm

6300 Bill Lundy Rd, Laurel Hill, Florida 32567

EQUINE OWNER'S INFORMATION SHEET

Owner's Name: _____ Phone No. _____

Address: _____

Horses Registered Name & Number _____

Pet Name: _____ Foaled: _____

Breed: _____ Color: _____ Markings: _____

Sire: (if known): _____ Dam (if known): _____

Does horse have any dangerous propensities? If yes, describe:

MEDICAL HISTORY

Any reoccurring issues of thrush, founder, colic, etc.? If so, what and how often?

Date of last worming: _____ Date of Coggins Test: _____

Any known allergies of any kind?

Special Care Requirements?

Any habits to be aware of? (playful or otherwise)

What are this horses current hay and grain feedings?

Amount: _____ Frequency: _____

If horse is insured, please list carrier and policy #: _____

Veterinarian Name & Contact #: _____

Farrior Name & Contact #: _____

This horse is/is not considered a surgical candidate in the event of colic or serious illness (Initial)

_____ IS _____ IS NOT