**OWNER'S INFORMATION SHEET**

Submitted To Ellis Equestrian Services LLC

(Fill out one for each horse boarded.)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Owner's Name | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Phone No.(h) | | | | | | | | | | |  | | | | | | | | | | |
| (as recorded with the Registry) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (w) | | | | |  | | | | | | | | | | |
| Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | Street | | | | | | | | | | | | | | | City | | | | | | | | | | | | | | | | | State | | | | | | | | | Zip | | | |
| Horse's Name and Number | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Birthdate | | | | |  | | | | | | | | | | Color | | | | |  | | | | | Markings | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Does Horse have any dangerous propensities? If yes, describe: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical History of Horse: | | | | | | | | | | | | | | | | | | | | | | Colic | |  | | | | | | | | | | Frequency | | | | | | | | |  | | | | | | | |
| Founder | | |  | | | | | | | | | | | | | | | | | | | When | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Allergies, if known | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tetanus Toxoid | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | Date | | | | | | |  | | | | | | | | | | | | | |
| VEE |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Encephalomyelitis (sleeping sickness), Eastern & Western Strains | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Date of last worming | | | | | | | | | | | | | | |  | | | | | | | | | | | | | Coggins Test | | | | | | | |  | | | | | | | | | | | | | | |
| Feeding Program: | | | | | | | | | | | | | | Hay type | | | | | |  | | | | | | | | | | | | | | | | Amount | | | | | | | | | | |  | | | |
|  | | | | | | | | Grain type(s) | | | | | | | | | | | |  | | | | | | | | | | | | | | | | Amount | | | | | | | | | | |  | | | |
|  | | | | | | | | Pellets | | | | | | | | | | | |  | | | | | | | | | | | | | | | | Amount | | | | | | | | | | |  | | | |
| Known allergies to feeds | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Special Care Requirements | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Habits | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To be contacted in case of emergency, if owner cannot be reached: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | |
| Name | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Phone Number | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is Horse insured? | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insurance Carrier | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Policy # | | | | | | | | | |  | | | | | | | | |
| Carrier's Address | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insurance contact for emergencies and phone number: | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | |  | | | | | |
| Veterinary emergency contact: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name |  | | | | | | | | | | | | | | | | | | | | | | | | | | Phone Number | | | | | | | | | | | | | |  | | | | | | | | |

This Horse is/is not considered a surgical candidate in the event of colic or serious illness (check one).

\_\_\_\_\_\_\_IS \_\_\_\_\_\_IS NOT

Owner's Initials\_\_\_\_\_\_\_\_\_\_