

**CASCADE PLEASURE HORSES LLC
OWNER'S INFORMATION SHEET**

Submitted To: _____
(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 _____

Foaled _____ Color _____ Markings _____

Anticipated arrival date _____ Foal at Side? _____

Sire of Foal _____ Date/last foaling _____

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

Stallion to which mare shall be

bred: _____

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

Owners' Initials: _____

Training Contract