

ADVANCED PET CARE SERVICE



Horse Information Disclosure

Please complete one Horse Information Disclosure form per horse.

Horse Name: _____

Owner: _____

Length of Time Owned: _____

Sex: Gelding / Stallion / Mare Bred: Y / N

Breed: _____

Birth date/age: _____

Physical Description (if similar to another):

Weight: _____ Height: _____

Does Horse come up from pasture with Call? Y / N

With rattled feed bucket? Y / N

Feeding Instructions:

<input type="checkbox"/> Hay Location: # of Flakes: Where to feed:		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night	Type: Grass / Alfalfa / Mix / Pellets / Cubes <input type="checkbox"/> Wet / Soak hay <input type="checkbox"/> Feed apart from others/supervise Procedure:
<input type="checkbox"/> Grain Brand: Measure with: Amount: Where to feed:		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night	Type: Sweet / Oats / Mix / Other: _____ <input type="checkbox"/> Wet / Soak feed <input type="checkbox"/> Mix in Supplements & Medications <input type="checkbox"/> Mix in Oil <input type="checkbox"/> Feed apart from others/supervise Procedure:
<input type="checkbox"/> Medication(s): Amt: Location: Administer:		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Supplement(s): Amt: Location: Administer:		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Water Bucket Location:	<i>Source:</i>	<input type="checkbox"/> Hose <input type="checkbox"/> Buckets <input type="checkbox"/> Faucet	Procedure: <input type="checkbox"/> Automatic waterer –verify it’s working
<input type="checkbox"/> Treats Name: Amt: Location:		Notes:	

Clean Stalls: ____X daily **Add bedding:** _____ **Manure Disposal:** _____

Barn Cat(s) or other Farm Pet(s) Special Instructions:

Horse:

Living Area:

No Turn Out

- Stalled 24 hours a day
- Free access to outdoors from stall / Run In

Turn Out

- Into fenced area adjacent to stall
- Halter and lead to pasture – daytime only
- Halter and lead to pasture – during visit only

- Rotate pastures
- Turn electric fence on and off during use
- Close barn doors at night / bad weather, Open during day

Location of 2 Halters, 2 Lead Ropes:

Pasture Desc:

Emergency Care: **Placing Credit Card on file at vets office is recommended*

Vet Name: _____

Vaccinations up to date on (month/yr): _____

Clinic Name: _____

Date of Rabies Vaccination: _____

Phone: _____

Farrier Name: _____

Procedure for cracks or loose / lost shoes:

Phone: _____

Medical History: (ongoing or reoccurring known illnesses/injuries, treatments & medications)

	<i>In Past</i>	<i>High Risk</i>	<i>Description</i>
Colic	<input type="checkbox"/>	<input type="checkbox"/>	
Founder	<input type="checkbox"/>	<input type="checkbox"/>	
Tied Up	<input type="checkbox"/>	<input type="checkbox"/>	
Choke	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Off Feed	<input type="checkbox"/>	<input type="checkbox"/>	

Other Medical Issues:

Medical Kit Location & Items:

Horse:

Temperament/Personality: _____

My Horse is usually:

- | | | | |
|---|-------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Sane | <input type="checkbox"/> Mellow | <input type="checkbox"/> Friendly | <input type="checkbox"/> Prone To Kick / Bite / Rear / Buck |
| <input type="checkbox"/> Spooky / Unpredictable | <input type="checkbox"/> Bomb Proof | <input type="checkbox"/> Cautious | <input type="checkbox"/> Prone to Flight / Run Barriers |
| <input type="checkbox"/> High Strung | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Mean | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Head Shy | <input type="checkbox"/> Energetic | <input type="checkbox"/> Aloof | <input type="checkbox"/> _____ |

My Horse Doesn't Like:

- | | | | |
|--|---|---|--------------------------------|
| <input type="checkbox"/> Baths | <input type="checkbox"/> Hot Days / Sun | <input type="checkbox"/> Men / Women / Kids | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Hoof Pick | <input type="checkbox"/> Rain | <input type="checkbox"/> Strange Noises | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Sprays / Aerosols | <input type="checkbox"/> Snow / Cold | <input type="checkbox"/> Being Touched | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Shots | <input type="checkbox"/> Storms | <input type="checkbox"/> Farrier Work | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Massage | <input type="checkbox"/> New Horses | <input type="checkbox"/> Strangers | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Touch Ears | <input type="checkbox"/> Other Pets | <input type="checkbox"/> Vehicles | |

Horse reacts to the above by: _____

Has Your Horse Ever:

Describe (even if mild, or under extreme/unusual situations)

- Bit / Kicked someone
- Attacked another animal
- Injured self /escaped out of fear
- Injured self out of boredom
- Escaped from stall/pasture,

Where does he/she like to escape to? _____

Can anyone ride / work with your horse while you are away? Y / N

Does horse stand for farrier? Y / N Use nose chain / Twitch?: Y / N

Describe special gaits & regular state of movement:

Will Horse trailer load easily? Y / N Unload quietly? Y / N Travel quietly? Y / N

Where is original copy of Coggins (Horse) test kept for emergency travel needs?:

Comments:

Client/Owner Name: _____

Signature: _____ Date: _____