



OWNER'S INFORMATION SHEET
Submitted To: **My Epiphany Paradise Farm**
(Fill out one for each horse boarded.)

Owner's Name _____ Phone No. (h) _____
Email address: _____ (w) _____
_____ (c) _____

Address _____
Street City State Zip

Horse's Name _____

Foaled _____ Color _____ Markings _____

Anticipated arrival date _____

Prior/Current
Veterinarian _____

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

Medical History of Horse: Colic _____ Frequency _____

Founder _____ When _____

Allergies, if known _____

Flu/Rhino _____ Date: _____

Tetanus Toxoid _____ Date: _____

Encephalomyelitis (sleeping sickness), Eastern & Western Strains _____ Date: _____

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

Date of last dentistry _____

Date of last sheath cleaning (males only) _____

Rabies Vaccine _____ Date: _____

West Nile Vaccine _____ Date: _____

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: _____

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 _____