

# TICK HILL EQUESTRIAN

## OWNER INFORMATION SHEET

Date of Arrival \_\_\_\_\_

### I. Owner Information

Name: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Alternate Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

### II. Horse Information

Name \_\_\_\_\_ Sex \_\_\_\_\_ Color \_\_\_\_\_

Is horse prone to Colic? \_\_\_\_\_ If yes, describe: \_\_\_\_\_

Is horse prone to Founder: \_\_\_\_\_ If yes, describe: \_\_\_\_\_

List most recent dates for the following vaccines:

Flu/Rhino \_\_\_\_\_ VEWT \_\_\_\_\_ Tetanus \_\_\_\_\_ Stranges \_\_\_\_\_ WNV \_\_\_\_\_

Date of last deworming \_\_\_\_\_ Date trimmed/shod \_\_\_\_\_ Date of last Float \_\_\_\_\_

Preferred Vet \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Farrier \_\_\_\_\_ Phone \_\_\_\_\_

Does horse have any dangerous propensities? \_\_\_\_\_

Is horse insured? \_\_\_\_\_ If yes, please provide a copy of insurance card.

Is this horse a candidate for colic surgery? \_\_\_\_\_

### III. Goals

How long do you intend to keep the horse in training with Rebecca Harris?

\_\_\_\_\_ 30 days \_\_\_\_\_ 60 days \_\_\_\_\_ 90 days \_\_\_\_\_ indefinitely

Is this horse for sale? \_\_\_\_\_ Asking price before commission \$ \_\_\_\_\_

Please give a general description of what you are hoping to accomplish by putting this horse into a training program \_\_\_\_\_

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Is there anything else you would like for us to know about you, your horse or you goals?

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