

Owner: Animal:

Animal's Living Area:

No Turn Out

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

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

Location of 2 Halters, 2 Lead Ropes:

Turn Out

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

Pasture Description:

Emergency Care:

**Placing Credit Card on file at Vets office is recommended*

Vet Name:

Vaccinations up to date on (month/yr):

Clinic Name:

Phone:

Farrier Name:

Procedure for cracks or loose / lost shoes:

Business Name:

Phone:

Animal 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"/>	
Depression	<input type="checkbox"/>	<input type="checkbox"/>	

Other Medical Issues:

Medical Kit Location & Items:

Exercise Instructions:

Location of Tack & Equipment:

Owner: Animal:

Temperament / Personality:

Animal 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"/> _____ |

Animal Doesn't Like:

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Baths | <input type="checkbox"/> Hot Days / Sun | <input type="checkbox"/> Men / Women / Kids | <input type="checkbox"/> Vehicles |
| <input type="checkbox"/> Hoof Pick | <input type="checkbox"/> Rain | <input type="checkbox"/> Strange Noises | <input type="checkbox"/> Bags |
| <input type="checkbox"/> Sprays / Aerosols | <input type="checkbox"/> Snow / Cold | <input type="checkbox"/> Being Touched | <input type="checkbox"/> Wild Animals |
| <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 / Animals | <input type="checkbox"/> All Humans | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Ears Touched | <input type="checkbox"/> Other Pets | <input type="checkbox"/> Strangers | <input type="checkbox"/> _____ |

Animal reacts to the above by:

Has Animal Ever:

- Bit / Kicked someone
- Attacked another animal
- Injured self /escaped out of fear
- Injured self out of boredom
- Escaped from home...

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

Where does he/she like to escape to?
How can he/she be retrieved?

Commands: (Please circle commands we know, and underline commands we are working on):

- | | | | | | | | |
|------|--------|------|-------|---------|--------------|-------|-------|
| Walk | Canter | Slow | Quit | Move On | Move Forward | _____ | _____ |
| Trot | Move | Easy | Treat | Back | | _____ | _____ |

Can anyone ride / work with animal while you are away?: Y / N

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

Describe special gaits & regular state of movement:

Will animal trailer load easily? Y / N Unload quietly? Y / N Travel quietly? Y / N
Is animal used to Large / Small trailers? Slant Load / Straight Load? Ramp / Step Up Style?

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

Comments:

Signature: _____ Date: _____