

Weber Training Stables

Medical information sheet

Contact Information

Owner _____ Home Phone _____

Address _____ Work Phone _____

_____ Cell Phone: _____

_____ Pager: _____

Emergency Contact in Owners Absence: _____

Home Phone: _____ Work Phone _____ Cell Phone: _____

Horse Information

Name _____ Registration Number _____

Date foaled _____ Color _____

Markings _____

Vices or Bad Habits

Does horse have any dangerous propensities? If so please describe.

Health Information

Veterinarian _____ Day Phone _____
Address _____ Night Phone _____
City _____ State _____ Zip _____

Scars wounds or deformities

Previous Veterinary History

Colic

Frequency and dates

Founder

Frequency and dates

Vaccinations and Dates last given:

Wormer and Dates last given

Medications

This horse is/is not considered a surgical candidate in the event of colic or serious illness?

(check one) Yes _____ No _____ Initials _____

Insurance Information

Insured by: _____ Name of Agent _____

Phone _____ Special information _____

Shoeing Information

Farrier _____ Day Phone _____

Address _____ Night Phone _____

Special Farrier Instructions or needs

Diet Information

Diet: Grain _____ Hay _____

Special Feed or supplements

Special Needs

Special needs or requirements

Breeding Information

Breeding: Name of Mare _____ Foal at side _____

Stallion to be Bred to _____ Sire of Foal _____

Insured _____ Maiden _____

Last Foaling _____ Last Breeding _____

Problems if any and foaling information

Medications (hormones etc. if used) _____

Other _____

Anticipated foaling
date _____

Emergency contact Numbers

Please return this information sheet, a copy of registration papers, annual vaccinations and current Coggains test with horse upon arrival at Weber Training Stables

