



OWNER'S INFORMATION SHEET

*One form per Horse

Owner's Name _____

Phone No. Home: _____ Work: _____ Cell: _____

Address _____

Street City State Zip

Email _____

Horse's Name _____ Registration No. _____

Horse's Nickname: _____

DOB _____ Color _____ Markings _____

Does Horse have any Dangerous Propensities? If yes, describe:

Medical History of Horse: History of Colic? Yes or No If Yes, when? _____

Founder Yes or No If Yes, when? _____

Allergies, if known _____

Current Immunization Record:

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

Tetanus Toxoid Date: _____ Rabies Date: _____ West Nile Date: _____

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

Feeding Program: Hay type _____ Amount _____

Known allergies to feeds _____

Special Care Requirements _____

Habits _____

PERSON TO BE CONTACTED IN CASE OF EMERGENCY, IF OWNER IS CANNOT BE REACHED:

Name _____ Phone No. _____

Insurance Carrier _____ Policy No. _____

Carrier's Address _____

Insurance contact Phone No. _____ Emergencies No. _____

Preferred Veterinary:

Name _____ Phone No. _____

OWNER'S INFORMATION SHEET - continued

Initial Below

_____ This horse **IS CONSIDERED** a Surgical Candidate in the Event of Colic or Serious Illness.

_____ This horse **IS NOT CONSIDERED** a Surgical Candidate in the Event of Colic or Serious Illness.

- ★ ROGERS BANDALERO RANCH, LLC SHALL ASSUME THAT OWNER DESIRES SURGICAL CARE IF RECOMMENDED BY A VETERINARIAN IN THE EVENT OF COLIC, OR OTHER LIFE-THREATENING ILLNESS IF THE ABOVE "IS CONSIDERED SURGICAL CANDIDTATE" IS INTIALED.

OWNERS AGENT AUTHORIZATION RELEASE:

"Owner" hereby authorizes the following person(s) to make decisions in the Owner's place with regard to the health (including but not limited to vaccinations, farrier, dental care, and chiropractic), well-being, and/or medical treatment of the horse.

Authorized Agent Name: _____

Address: _____

Phone No: _____

Rogers Bandalero Ranch, LLC. will not be held liable in any way for any decision regarding health of horse made by Authorized Agent. If the above Agent is no longer acting as Agent for "Owner" it is the "Owners" responsibility to notify Rogers Bandalero Ranch, LLC. in writing.

Print Name: _____

Owner(s) or Authorized Agent(s) Signature(s):

Date: _____