



OWNER'S INFORMATION SHEET

Initial Below:

****All information must be completed,
or Bandalero Ranch reserves the right to vaccinate and submit a current coggins!**

Owner's Name: _____

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

Address: _____
Street City State Zip

Email: _____

Horse Registered Name: _____ Registration #: _____

Barn Name: _____ Breed: _____ Color: _____

Birth Date: _____ Markings: _____

Medical History: (colic, founder or anything important for us to know) _____

Current Immunization Record and Date of Last Given:

Encephalomyelitis (sleeping sickness) Eastern & Western Strains: _____ Tetanus Toxoid: _____

Rabies: _____ West Nile: _____ Coggins: _____

Last Worming and Brand of wormer: _____

Current Feeding:

Alfalfa: _____ Bermuda: _____

❖ Habits: (kicker, biter, bad in stall for cleaning, etc.) _____

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

Name: _____ Phone Number: _____

Insurance Information on Horse:

Insurance Carrier: _____ Policy Number: _____

Insurance Emergency Number: _____

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.

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 or Trainer: _____

Address: _____ Phone Number: _____

Signature of Registered Owner of Horse: _____ Date: _____