



## 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: \_\_\_\_\_

Registration Name: \_\_\_\_\_ Registration #: \_\_\_\_\_

Barn Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Color: \_\_\_\_\_ 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: \_\_\_\_\_