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HORSE OWNER'S INFORMATION SHEET

(Fill out one sheet for each horse boarded)

Horse's Name _____ Mare ___ Gelding ___ Stallion ___

Owner's Name _____

Address _____

Street City State Zip

Phone #s _____

Home Work Cell

E-Mail _____

HORSE INFORMATION

Age ___ Breed _____ Color _____

Registered? YES NO If yes, with what associations _____

For Mares, is horse pregnant? YES NO If yes, anticipated arrival date is _____

Does horse have any dangerous propensities or habits? If yes, please describe:

HORSE MEDICAL INFORMATION

Colic? _____ Frequency _____

Founder _____ When _____

Allergies, if known _____

Tetanus Toxoid _____ Date _____

VEE _____

Encephalomyelitis (sleeping sickness)

Current Vaccinations _____

Other medical information we should be aware of _____

Date of last worming _____ Date of last Coggins Test _____

Initial _____

HORSE FEED INFORMATION

Current Feeding Program: Hay Type _____ Amount _____
Grain Type(s) _____ Amount _____
Pellets _____ Amount _____

Known allergies to feeds _____

Special care requirements _____

Other numbers to be contacted in case of emergency:

Name Phone Number

Name Phone Number

Is horse insured? _____

Insurance Carrier _____ Policy # _____

Carrier's Address _____

Veterinary emergency contact:

Name Phone Number

Shoeing emergency contact:

Name Phone Number

CURRENT BOARDING INFORMATION

Where is the horse currently boarded?

Name of Facility Phone Number

How long has horse been boarded at this facility _____

Does facility know that you are planning to move horse? _____

Signed

Date