

PAINTED OAKS INFORMATION SHEET

Contact Information		
Your Name:	_____	
Address:	_____	
Email Address	_____	
Home Phone:	Work Phone:	Cell Phone:
Preferred Method of Communication: _____ (e-mail, home, work or cell phone)		

Horses Information		
Horse Name:	_____	Years Owned: _____
Gender:	_____	Breed: _____ Age: _____
Registration Organization:	_____	
Registration Brand/Number:	_____	
Microchip Number:	_____	
Vices:	_____	
Has this horse ever injured a person or another horse ? in detail:	_____	If yes, please explain _____

Current Veterinarian:		
Name:	_____	
Address:	_____	
Email Address	_____	
Home Phone:	Work Phone:	Cell Phone:

Management Information:	Vaccinations:
Known allergies: _____	Disease (s)
Known health conditions: _____	Date
_____	Anthrax _____
_____	Botulism _____
Normal Diet including supplements and pasture:	EEE/WEE/VEE _____
_____	EPM _____
_____	Flu/rhino _____
_____	Influenza _____
_____	Potomac Horse Fever _____
Medications/schedule: _____	Rabies _____
_____	Rhinopneumonitis _____
_____	Rotavirus _____
_____	Strangles _____
Last Negative Coggins test: _____	Tetanus _____
(You must provide copy of Coggins)	West Nile virus _____