



Office Use only:
Prepaid Horse Care \$ _____
New Horse Start up Fee \$ _____
Check # _____

OWNER'S INFORMATION (Actual Owner of horse/mule)

Name: _____ Phone: (____) _____
Address: _____ Work: (____) _____
Lot Number: _____ Unit: _____ Cellular: (____) _____

HORSE INFORMATION

Name: _____ Approx. Weight: _____
Description: Color _____ Mare _____ Gelding _____
Hands _____ Age _____ Breed _____
Vices: Kicks _____ Bites _____ Easily Spooked _____ Other _____
Previous and Current Known Health Conditions/Date (Example: colic, illness, allergies):

Current Diet: _____ Amount: _____
Desired Diet: _____ Amount: _____

VETERINARIAN

Company Name: _____ Phone: (____) _____
D.V.M. Name: _____
Address: _____

Emergency Phone Numbers: Pager: (____) _____ Cellular: (____) _____
Office: (____) _____

FARRIER

Name: _____ Phone: (____) _____

I/We _____ permit any Will Rogers Equestrian Ranch caretaker to contact the above professionals to insure the health and safety of my/our horse in the event of an emergency. If no response at the above numbers, I/we grant permission to any Will Rogers Equestrian Ranch caretaker to proceed with getting a qualified professional to provide immediate attention for my/our horse in the event of an emergency. I/We will be responsible to pay for such care and authorize any Will Rogers Equestrian Ranch caretaker to arrange direct billing to me/us. I/we am also responsible for any damage or harm that my horse may do.

Owner Signature: _____ Date: _____

Owner Signature: _____ Date: _____