

OWNER INFORMATION			
Owner Name:			
Billing Address:	City:	State:	ZIP:
Phone:	Email:		
Agent Name:	Agent Phone:		
In case of an emergency, please provide us with a secondary contact name and number of a person that can authorize veterinary medical treatment.		Name:	
		Phone:	
Bills will be sent via email unless instructed otherwise			
HORSE INFORMATION			
Registered Name:		Registration #:	
Barn Name:	Breed:	Age:	Color:
Insured? Yes No	Insurance Contact:	Insurance Phone:	
FEEDING INSTRUCTIONS			
Please feed the VetweRx standard diet.		VetweRx standard diet is 3 flakes grass hay and equine senior twice a day.	
--- OR ---			
Hay Type:	Grass Hay Alfalfa Cubes Owner Provided	Quantity: ____ Flakes ____ x per day	
Grain:	Equine Senior Strategy Owner Provided	Quantity: ____ Quarts ____ x per day	
*** Supplements must be divided into daily baggies, labeled with the horse's name, and indicate whether it's for AM or PM. Any supplements that are not in baggies/daily containers will not be administered. ***			
Special Instructions:			
Today's Date:			
Signature of Owner or Agent:			

HEALTH & MANAGEMENT

Please provide the following information to help us manage your horse's care.

Pre-existing conditions (illness, lameness, vices, etc):

Current treatments (i.e. daily medications):

Blankets/Personal items being left with horse:

Prior to arrival, we require horses to be vaccinated for the following diseases. Please note:
1) Date of last vaccination OR 2) Vaccines needed on arrival OR 3) Vaccines you do not want given
*If no vaccination history is given, horse(s) will be vaccinated upon arrival at Owner's expense.

Vaccine Name	Date	Needs	Vaccine Name	Date	Needs
Equine Rotavirus			Rhinopneumonitis		
E/W Encephalitis			Influenza		
Tetanus			Rabies		
West Nile			Dewormed:		

FARRIER SERVICES

Please let us know if you would like us to arrange for our farrier to trim/shoe your horse during their stay. If you would like to have your normal farrier trim/shoe your horse, please make arrangements to meet the farrier at a scheduled time and let us know when that will be.

Trim	Full shoe	Front shoes only	Date of last trim/shoeing:
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Special Instructions: