



1343 Kim Pl, Minden, NV 89423
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HORSE CARE MANAGEMENT FORM

Owner: _____ Home Ph _____
 Address: _____ Cell Ph. _____
 City/St: _____ Email: _____
 Contact number while away: _____
 Vet: _____ Phone: _____
 Clinic _____ Phone: _____

HORSE INFORMATION

Horse 1 _____			Horse 2 _____		
Breed _____	Age _____		Breed _____	Age _____	
Behavior/Personality _____			Behavior/Personality _____		
Doesn't Like	Sprays	<input type="checkbox"/>	Doesn't Like	Sprays	<input type="checkbox"/>
	Ears touched	<input type="checkbox"/>		Ears touched	<input type="checkbox"/>
	Noises	<input type="checkbox"/>		Noises	<input type="checkbox"/>
	Storms	<input type="checkbox"/>		Storms	<input type="checkbox"/>
	Cross-ties	<input type="checkbox"/>		Cross-ties	<input type="checkbox"/>
Reactions	Kicks or bites	<input type="checkbox"/>	Reactions	Kicks or bites	<input type="checkbox"/>
	Rears or bucks	<input type="checkbox"/>		Rears or bucks	<input type="checkbox"/>
	Escapes or runs	<input type="checkbox"/>		Escapes or runs	<input type="checkbox"/>
Knows basic commands	YES	NO	Knows basic commands	YES	NO
History of colic	YES	NO	History of colic	YES	NO
Foundered	YES	NO	Foundered	YES	NO
Old Injuries to watch	_____		Old Injuries to watch	_____	

Another Pet Service

FEEDING INSTRUCTIONS

TIME

MORNING

NOON

EVENING

Horse 1

Horse 2

Treats/restrictions

Treats/restrictions

BREAKFAST

BREAKFAST

HAY _____ #FLAKES _____

HAY _____ #FLAKES _____

HAY _____ #FLAKES _____

HAY _____ #FLAKES _____

GRAIN _____

GRAIN _____

LUNCH

LUNCH

HAY _____ #FLAKES _____

HAY _____ #FLAKES _____

HAY _____ #FLAKES _____

HAY _____ #FLAKES _____

GRAIN _____

GRAIN _____

DINNER

DINNER

HAY _____ #FLAKES _____

HAY _____ #FLAKES _____

HAY _____ #FLAKES _____

HAY _____ #FLAKES _____

GRAIN _____

GRAIN _____

SPECIAL NOTES

SPECIAL NOTES