



# Noel Performance Horses, LLC

## OWNER INFORMATION SHEET

**Owner's Name** \_\_\_\_\_ Phone No.(h) \_\_\_\_\_  
(as recorded with the Registry) (w) \_\_\_\_\_

**Address** \_\_\_\_\_  
Street City State Zip

**Horse's Name and Number** \_\_\_\_\_

Foaled \_\_\_\_\_ Color \_\_\_\_\_ Markings \_\_\_\_\_

Anticipated arrival date \_\_\_\_\_ Foal at Side? \_\_\_\_\_

Sire of Foal \_\_\_\_\_ Date/last foaling \_\_\_\_\_

Does Horse have any dangerous propensities? If yes, describe: \_\_\_\_\_

Stallion to which mare shall be bred: \_\_\_\_\_

**Trainer** \_\_\_\_ **IS** \_\_\_\_ **IS NOT** (✓one) **authorized to exhibit horse in accordance with Training Contract.**

**Medical History of Horse:** Colic \_\_\_\_\_ Frequency \_\_\_\_\_

Founder \_\_\_\_\_ When \_\_\_\_\_

Allergies, if known \_\_\_\_\_

Other \_\_\_\_\_

Tetanus Toxoid \_\_\_\_\_ Date \_\_\_\_\_

VEE \_\_\_\_\_

Encephalomyelitis (sleeping sickness), Eastern & Western Strains

Date of last worming \_\_\_\_\_ Coggins Test \_\_\_\_\_

Feeding Program: Hay type \_\_\_\_\_ Amount \_\_\_\_\_

Grain type(s) \_\_\_\_\_ Amount \_\_\_\_\_

Pellets \_\_\_\_\_ Amount \_\_\_\_\_

Known allergies to feeds \_\_\_\_\_

Special Care Requirements \_\_\_\_\_

Habits \_\_\_\_\_

**To be contacted in case of emergency, if owner cannot be reached:**

\_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Address

**Is Horse insured?** \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Carrier's Address \_\_\_\_\_

Insurance contact for emergencies and phone number: \_\_\_\_\_

**Veterinary emergency contact:** \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**This Horse** \_\_\_\_ **IS** \_\_\_\_ **IS NOT** (✓one) **considered a surgical candidate in the event of colic or serious illness.**

\_\_\_\_\_  
Owner Signature: Date: