

HORSE / PONY INTAKE FORM

JL Performance Horses
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EQUINE NAME: _____

HEIGHT: _____ WEIGHT: _____ AGE: _____

BREED: _____ REGISTERED: YES NO

REGISTRATION # _____ ASSOCIATION: _____

REGISTERED NAME: _____

COLOR: _____ MARKINGS: _____

BLANKET SIZE: _____ HALTER/BRIDLE SIZE: _____

FEEDING: _____ GRAIN (BRAND, AMOUNT, FREQUENCY)

_____ HAY _____ SUPPLEMENTS

QUIRKS/VICES: _____

DATE OF LAST FARRIER: _____ SHOES: YES NO FRONTS SET OF 4

SPECIAL FARRIER WORK: _____

DATE OF LAST WORMING & PRODUCT USED: _____

DATE OF LAST FECAL TEST: _____

LAST VACCINES & DATE: _____

LAST COGGINS DATE: _____ LAST RABIES: _____ LAST DENTAL: _____

COPIES OF RABIES, VACCINES, DENTAL, FECAL, COGGINS INCLUDED YES NO

If NO, what health records are you attaching & submitting with this EQUINE INTAKE FORM.

TRAINING & PERFORMANCE HISTORY: (attach separate sheet/attachments, photos, videos, etc.)

EQUINE INSURANCE COMPANY, CONTACT INFO & POLICY NUMBER: