



**Exhibit A  
HORSE INFORMATION**

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_ Veterinary Phone: \_\_\_\_\_

Farrier Name: \_\_\_\_\_ Farrier Phone: \_\_\_\_\_

If Applicable:

Trainer Name: \_\_\_\_\_ Trainer Phone: \_\_\_\_\_

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Horse's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Color: \_\_\_\_\_ Sex: \_\_\_\_\_ Microchip #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Liability Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Note: MZ Equestrian will need a copy of the Liability Insurance Policy held by the Owner.**

Is Horse insured for Mortality/Medical? \_\_\_ Yes \_\_\_ No Insurance Carrier: \_\_\_\_\_

Agent: \_\_\_\_\_

Agent's Phone: \_\_\_\_\_ Agent's email: \_\_\_\_\_

Any other information: \_\_\_\_\_

**Vaccination and Worming Information:**

Date of last Equine Influenza and Equine Herpes Virus (Rhinopneumonitis) vaccine: \_\_\_\_\_

Date of Last Worming: \_\_\_\_\_

Note: If Owner has multiple horses at the facility and the surgical or euthanasia instructions vary by horse, Owner should note such exceptions on Exhibit A for each horse.

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**Boarders must complete a separate Exhibit A for each additional horse.**