

Northern Arizona Riding Stables
Horse Information form (1 FORM PER HORSE)

Owners Name _____ Phone: _____

Horses Name _____ Nick Name _____

Veterinarian: _____ Phone: _____

Farrier: _____ Phone: _____

Age: _____

Gender: _____

Breed: _____

Markings: _____

**All horses are feed twice a day unless special arrangements are made with Northern Arizona Riding Stables (additional fee's apply)*

Feeding Instructions:

Hay type (circle one) Alfalfa Bermuda Grass hay Alfalfa/Grass mix

Supplement Feeding: If provided by owner stables will feed per instructions.

Special feed requirements _____

Immunization record:

Last Immunization date: _____ product: _____

Last deworming: _____ product: _____

Other: _____

Last dentistry treatment: _____

Allergies: _____

Vices: () Cribbing; () Weaving; () Kicking; () Biting; Other: _____

Emergency Information:

If owner is out of town or cannot be reached, Northern Arizona Riding Stables will contact your listed vet immediately. Any medical services rendered will be billed directly to the owner.

Emergency contact if owner cannot be reached:

Name: _____ Phone: _____

Is your horse a surgical candidate? YES NO

Is your horse insured? YES NO If yes, Insurance information _____

Medical History/Special Needs: _____

Highland Fire District requires the following:

- Each horse is to have a well fitting halter with lead rope attached at each stall, at all times.
- All Trailers must be parked in designated trailer parking area.