

*Free Spirit Friesians Farm, Inc. &*

*Paradigm Dressage, LLC*

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### OWNER'S INFORMATION SHEET

(Fill out one for each horse boarded.)

Owner's Name \_\_\_\_\_ Phone No.(h) \_\_\_\_\_  
(w) \_\_\_\_\_

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

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

Age \_\_\_\_\_ Color \_\_\_\_\_ Markings \_\_\_\_\_

Anticipated arrival date \_\_\_\_\_

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

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 considered a surgical candidate in the event of colic or serious illness (check one).

\_\_\_\_\_ IS \_\_\_\_\_ IS NOT

Owner's Signature: \_\_\_\_\_