



Equine Health and Care Information

Complete this form when a horse, pony, mule, or donkey will receive temporary care, handling, evaluation, socialization, or other services through Logan's H.E.A.R.T.

Owner and Equine Information

Owner or Authorized Agent _____

Phone _____

Email _____

Alternate Contact _____

Equine Name _____

Barn Name _____

Species and Breed _____

Age or Estimated Age _____

Sex _____

Color and Identifying Markings _____

Registration, microchip, or other identification if applicable _____

Routine Care Contacts

Veterinarian or Clinic _____

Phone _____

Farrier _____

Phone _____

Last Dental Care if known _____

Last Hoof Care if known _____

Health and Behavior

Check any known history: ☐ Laminitis or founder ☐ PPID or Cushing's ☐ Insulin resistance ☐ Colic ☐ Lameness ☐ Allergies ☐ Seizures or neurologic concern ☐ Other: _____

Current diagnoses, injuries, medications, supplements, or treatments _____

Known handling concerns, triggers, bite or kick history, herd behavior, or escape habits _____

Equine Health and Care Information Continued

Equine Name _____

Owner or Authorized Agent _____

Feeding and Daily Care

Hay Type and Amount _____

Feeding Times _____

Grain, ration balancer, supplements, and amounts

Pasture, dry-lot, turnout, grazing muzzle, soaking, or other dietary restrictions

Water or Electrolyte Instructions _____

Blanket or Weather Instructions _____

Handling and Housing

Permitted activities: ☐ Hand walking ☐ Grooming ☐ Groundwork ☐ Trailer loading ☐ Supervised public interaction ☐
Other: _____

Halter, lead, stall, turnout, companion, fencing, or separation instructions

Emergency Authorization and Costs

If I cannot be reached promptly, I authorize Logan's H.E.A.R.T. to contact the veterinarian listed above or another available veterinarian and obtain reasonably necessary emergency evaluation or treatment. I remain responsible for veterinary, medication, transport, farrier, and related expenses unless a different written agreement is signed.

☐ Use reasonable judgment in an emergency. ☐ Do not approve non-life-saving expenses over \$_____ without contacting me.

Media Permission and Certification

☐ Logan's H.E.A.R.T. may photograph and post this equine. ☐ Yes, but do not identify me. ☐ No social media posts.

I certify that I own this equine or am authorized by the owner to provide these instructions. I have disclosed known health and behavior concerns and will promptly report material changes.

Owner or Authorized Agent Signature _____

Date _____

Logan's H.E.A.R.T. Representative _____

Date _____