



YOUR HORSE'S PROFILE (Please complete this form for each horse in your household.)

Horse's Name: _____ Sex:* M S G Age/Birthday: _____ Color/Breed/Description: _____

Halter Color: _____ Cribbing Collar** _____

Daily Medications/Dosage/Location: _____ Other Medications/Dosage/Location: _____

A.M. Diet: Time/Feed	P.M. Diet: Time/Feed	Daily Exercise

Daily Exercise	Turn Out Turn In Times	Turnout Locations/Restrictions	Turnout Instructions

Food: Descriptions and Locations: _____ Water Buckets/Water Source/ Watering Instructions: _____

Lead Ropes and Other Tack Located: _____ Cleaning Supplies Located: _____

Location/Type of Bedding: _____ How often do stalls need to be cleaned? _____

Stall Waste Disposal (Including available equipment, location and/or instructions): _____

Vet Preference: _____ Phone: () _____

If your vet is unavailable, who should pet sitter call as a backup? _____ Phone: () _____

Is your vet aware that you will be using our pet-sitting service? Yes, have notified No, will notify

Do you have equine health insurance? _____ Do you carry mortality insurance on your horse(s)? _____

Company name: _____ Policy information: _____

Do you want the pet sitter to brush/groom your horse(s)? Yes No

Grooming preferences: _____

Does/do your horse(s) recognize any voice/hand commands? Yes No

If yes, commands recognized: _____

Is/are the horse(s) shod? Yes No If so, Front & Rear Front Only

If so, and a shoe is thrown, should the pet sitter contact the farrier? Yes No

Farrier preference: _____ Phone: () _____

Is your farrier aware that you will be using our pet-sitting service? Yes No

Is/are the horse(s) microchipped or tattooed? Yes No

If so, list chip company phone # and I.D. # _____

If tattooed, list tattoo number(s) and location(s) _____

How does/do your horse(s) react toward children and adult strangers? _____

How does/do your horse(s) react to other horses; e.g., any grumbling or fighting in the barn or pasture/paddock? _____

Are you aware of any reason we should approach any of your horses with caution? _____

Has/have your horse(s) ever bitten or kicked anyone, animal or human? _____

Does/do your horse(s) have any contagious illness? _____

Does/do your horse(s) have any physical conditions or problems the pet sitter needs to be alert to? _____

Are there any other animals in the barn/stable that will be under the pet sitter's care; e.g., barn cats, chickens, etc. If so, please outline care instructions:

While exercising your horse(s), will the pet sitter be expected to ride it/them? Yes No _____

If so, do you have a contract outlining rider liability? Yes No _____

Describe barn security, gate locks, etc.: _____

If horse(s) is/are in pasture or paddock, under what weather conditions and external temperatures should horse(s) be brought into barn/stall(s)?

Should horse(s) be blanketed in cold weather? Yes No

If so, describe blanket(s) and location: _____

Should horse(s) be hosed off in hot weather? Yes No

If so, where is water hose located? _____

Is the pasture/paddock secured by an electric fence? Yes No

If so, where is the box located? _____

What should the pet-sitter do in the event of a power outage or failure of box to operate? _____

In the event a horse of yours develops colic, to what extent should it be treated?

Pet sitter should instruct the veterinarian to use all means available, including surgery in treatment of the horse.

Pet sitter should notify the veterinarian that if surgery becomes necessary to save the horse, that the owner has instructed the veterinarian to euthanize the animal.

Other: _____

In the event of a horse's death during your absence, what arrangements should be made? _____

If it is necessary for your horse(s) to be transported for any reason, how do you instruct the pet sitter to arrange for transportation? _____

Is there any additional information about your horse you would like to share? _____
