



ALTA LOMA RIDING CLUB EMERGENCY RESPONSE TEAM HORSE IDENTIFICATION FORM

Animal ID Number
(Official Use Only)

Owner's Name _____ Phone # _____
 Address _____ Cell # _____
 Email Address _____ Work # _____
 Emergency Contact _____ Phone # _____
 Address _____ Cell # _____
 Horses Registered Name _____ Nick Name _____
 Breed _____ Color _____ Sex _____
 Long Term Care Arrangements (Boarding) _____
 Owner/Manager _____ Phone # _____
 Address _____ Cell # _____
 Veterinarian _____ Phone # _____
 Known Allergies _____
 Current Meds _____
 Medical History _____

Normal Feeding Requirements (Type, Amount, Frequency)

Hay _____
 Grain/Sweet feed _____
 Pellets _____
 Supplements _____

Known Dangerous Habits or Actions _____
 Identifying Markings (Brands, Tattoos, Scars) _____

