



Bay Area Equestrian Connection LLC

4040 Woodside Road
Woodside, CA 94062

Tel: (650) 446-1414
www.FolgerStable.com

Folger Stable Horse & Owner Information Sheet

Owner Information

Name _____

Contact Phone Numbers (Home): _____

(Work): _____

(Cell): _____

(Other): _____

Address: _____

City _____ State _____ Zip _____

Horse Information

Name _____

Breed and Registration Numbers

Anticipated arrival date _____

Color _____ Markings _____

Gender _____

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

Medical History of Horse:

Number of colic episodes attended by a vet _____

Number of mild unattended colic episodes _____

Has the horse ever had colic surgery? _____ Date of operation(s) _____

Has the horse ever stayed overnight at a veterinary hospital? If yes, please list date(s) and describe incident(s) below:

Routine medical care _____

Allergies _____

Other _____

Vaccination Dates:

Influenza _____

Rhinopneumonitis _____

Tetanus Toxoid _____

Encephalomyelitis- Eastern, Western & Venezuelan Strains _____

West Nile Virus _____

Strangles _____

Other (describe) _____

Coggins Test Date _____ Negative test required

Feeding Program:

AM Hay type & quantity _____

PM Hay type & quantity _____

Grain ____ Yes or No

Please list any supplements and dosage _____

Known food allergies _____

Special Care Requirements _____

Please fully describe any areas of concern (cribbing, pulling back, eating wood, etc.)

Designated Emergency Contact

In case of an emergency BAEC will attempt to contact the Designated Emergency Contact at the numbers listed below. If we are unable to reach the Designated Emergency Contact we will attempt to notify those listed as Alternate Emergency Contacts. Please remember that these people will be fully authorized to seek veterinary care for your horse and that these medical treatments may add up to a significant expense, for which you will be responsible. You may put BAEC down and our staff will do its best. You may also specify a trainer or instructor.

Name _____

Contact Phone Numbers (Home): _____

(Work): _____

(Cell): _____

Alternative Emergency Contacts

Name Phone Number

Name Phone Number

Preferred Veterinary Emergency Contacts

Name Phone Number

Name Phone Number

Owner Signatures

Date
