

**CASCADE PLEASURE HORSES LLC  
OWNER'S INFORMATION SHEET**

Submitted To: \_\_\_\_\_  
(Fill out one for each horse boarded.)

Owner's Name \_\_\_\_\_ Phone No. (h) \_\_\_\_\_  
(as recorded with the Registry) (w) \_\_\_\_\_

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

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

Foaled \_\_\_\_\_ Color \_\_\_\_\_ Markings \_\_\_\_\_

Anticipated arrival date \_\_\_\_\_ Foal at Side? \_\_\_\_\_

Sire of Foal \_\_\_\_\_ Date/last foaling \_\_\_\_\_

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

Stallion to which mare shall be

bred: \_\_\_\_\_

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

Owners' Initials: \_\_\_\_\_