



Horse Information

Client's Name: _____

Horse's Name: _____

Age: _____ Breed: _____ Color: _____ Sex: _____

Vaccinations:

Date Given:

_____	_____
_____	_____
_____	_____
_____	_____

A negative Coggins must be presented for all horses coming onto The Jaeckle Centre property.

Insurance Carrier: _____ Phone Number: _____

Policy Number: _____ Insured Value: _____

If this horse is not insured, is he/she a surgery candidate? Yes: _____ No: _____

Feed Information: _____

Supplements: _____

Belongings left with horse: _____

Special Instructions: _____
