

HORSE AND OWNER INFORMATION: (To be completed by OWNER)

Horse arrived on: _____, 2013 Expected length of stay: _____

Owners Name: _____

Address:

Phone # (home): _____

(Work): _____

(Cell): _____

E-Mail _____

Registered Name of horse(s): _____

Registered ID (s): _____

Horse's Barn Name: _____

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

Feeding Instructions:

Brand name _____ Amount a.m. _____ p.m. _____

Hay a.m. _____ p.m. _____

Special instructions _____

Is horse used to being on pasture grass?

YES

NO

Health Information:

Vets Name: _____ Contact info: _____

Farrier's Name: _____ Contact info: _____

Last farrier date: _____ Shoes: YES NO

Last worming: _____ Product used: _____

Coggins: _____ Wolf teeth? YES NO

Horse's Height _____ Horse's Weight _____

Specific known health problems or concerns: ex. Allergies, colic, sicknesses:

Training History

Level of Training: _____

Disclose any vices and unique habits of the horse:

Does the horse stand tied? YES NO

Trailer load consistently? YES NO

Can horse be turned out alone? YES NO

Can horse be turned out with other horses? YES NO

What you would like to do with this horse? What are your goals?

Owner's Signature:

_____ Date: _____

Please e-mail or mail back to:

cornerstoneranch@hotmail.com

Cornerstone Training Center

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