



5430 Murr Road
Peyton, CO 80831
(719)367-7558
Fax: (866)810-3487
info@sleipnirstables.com

(Fill out one for each horse boarded.)

Owner's Name _____ Phone (h) _____

Email _____ Phone (w) _____

Address _____ City _____ State _____

Horse's Barn Name _____ Registered Name _____

Foaled _____ Sex _____ Association _____

Color/Markings/Brands _____

Arrival Date _____

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

FEEDING INSTRUCTIONS: (Special Orders may be surcharged.)

Preferred Hay: _____ Grass _____ Grass/Alfalfa _____ Alfalfa Amount: _____ Lbs

(We typically feed a grass/alfalfa mix, unless requested otherwise.)

Grain: _____ Stock & Stable _____ Oats _____ Other Amount: _____ Lbs

(We typically feed Stock and Stable, a multi-species sweet feed at 12%.)

Pelleted Feeds: _____ Amount: _____ Lbs

Supplements/Medications: These must be pre-packaged for each feeding by the owner and an extra feeding fee may be assessed.

Any known food or environmental allergies: _____ If so, please specify: _____

MEDICAL HISTORY:

Has the horse ever:

Colic'ed _____ Last Date _____ Frequency _____

Foundered _____ Last Date _____ Frequency _____

Other illnesses: ____ Specify: _____

If a mare, is she pregnant? ____ If so, expected foaling date: _____

Does the horse require any regular medications? ____ If so, please specify _____

Last worming was on ____ Product: ____ Ivermectin Based ____ Pyrantel Pamoate Based

Last vaccinations:

<u>Vaccine</u>	<u>Date Administered</u>
Eastern and Western Equine Encephalomyelitis	_____
West Nile	_____
Tetanus	_____
Equine Influenza	_____
Equine Herpes	_____
Strangles	_____
Rabies	_____

Last Coggins test was on ____ and it was negative. (Provide copy)

Preferred veterinarian: _____ Phone _____
(Our preferred provider is Dr. Alyssa King of King's Kreatures.)

Is Horse insured? Insurance Carrier _____

Policy # _____ Carrier's Phone _____

Is this Horse considered a surgical candidate in the event of colic or serious illness? ____

Expense Limit for emergency veterinarian care is \$ _____ if owner is unavailable to authorize.

ANY OTHER INFORMATION YOU WOULD LIKE TO MAKE US AWARE OF:

Dated _____ Signed _____ (Owner)