



New Boarder Information Sheet

Owner Information

Name: _____

Phone Number: (____) _____ - _____

Address: _____

Email: _____

Horse Information

Registered Name: _____

Barn Name: _____

Registration #: _____

Birth Date or Age: _____

Breed: _____

Color/Markings: _____

Sex: _____

Medical History: *(i.e. colic, blindness, founder, lameness, or anything else important for us to know)*

Vaccination, Dewormer, Coggins Dates:

EEE and WEE: _____

Tetanus Toxoid: _____

Rabies: _____

West Nile: _____

Coggins: _____

Last Deworming Date: _____

Brand of Dewormer: _____

_____ *I understand that all information must be completed, or Serenity Retirement Boarding reserves the right to vaccinate with missing vaccines, deworm, and/or submit a current coggins.*

Initial

Current Feed:

Hay (type, quantity, and frequency): _____

Grain (type, quantity, and frequency): _____

Supplement(s) (type, quantity, and frequency): _____

Medication(s): _____

OWNER'S AGENT AUTHORIZATION RELEASE:

*Owner hereby authorizes Serenity Retirement Boarding, LLC to make decisions in the Owner's place with regard to the health (including but not limited to vaccinations, farrier, dental care, and chiropractic), well-being, and/or medical treatment of the horse **in the event the owner cannot be reached.***

Owner Signature: _____

Printed Name: _____

Date: _____