



Mountain Mutts – Pet Information Disclosure, HORSE

Please complete one Pet Information Disclosure form per Horse or other large animal.

Owner: [Redacted]

Pet Name: [Redacted]

Length of Time Owned:

Nick Name: [Redacted]

Breed:

Sex: Gelding / Stallion / Mare Bred: Y / N

Physical Description (if similar to another):

Birth date: Or Age:

Weight: Hands High:

Animal Location (If not at home):

Does Animal come up from pasture with Call / Whistle? Y / N With rattled feed bucket? Y / N

Feeding Instructions:

<input type="checkbox"/> Hay Type: Location: # of Flakes: Where to feed:	Grass / Alfalfa	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure: <input type="checkbox"/> Feed apart from other pets/supervise
<input type="checkbox"/> Grain Brand: Measure with: Amount: Where to feed:		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure: <input type="checkbox"/> Feed apart from other pets/supervise
<input type="checkbox"/> Medication(s): Amt: Location: Hide In Treat:		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Supplement(s): Amt: Location: Hide In Treat:		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Dusk <input type="checkbox"/> Night	Procedure:
<input type="checkbox"/> Water Bucket Location:	Source:	<input type="checkbox"/> Hose <input type="checkbox"/> Buckets <input type="checkbox"/> Faucet	Procedure:
<input type="checkbox"/> Treats Name: Amt: Location:	Notes:		

Barn Cat(s) or other Farm Pet(s) Special Instructions:

Owner:

Pet:

Pet's Living Area:

No Turn Out

- Stalled 24 hours a day
- Free access to outdoors from stall / Run In

Turn Out

- Into fenced area adjacent to stall
- Halter and lead to pasture – daytime only
- Halter and lead to pasture – during visit only

- Rotate pastures
- Turn electric fence on and off during use
- Close barn doors at night / bad weather, Open during day

Location of 2 Halters, 2 Lead Ropes:
Pasture Desc:

Emergency Care:

**Placing Credit Card on file at vets office is recommended*

Vet Name:

Vaccinations up to date on (month/yr):

Clinic Name:

Phone:

Farrier Name:

Procedure for cracks or loose / lost shoes:

Business Name:

Phone:

Pet Medical History: (ongoing or reoccurring known illnesses/injuries, treatments & medications)

	<i>In Past</i>	<i>High Risk</i>	<i>Description</i>
Colic	<input type="checkbox"/>	<input type="checkbox"/>	
Founder	<input type="checkbox"/>	<input type="checkbox"/>	
Tied Up	<input type="checkbox"/>	<input type="checkbox"/>	
Choke	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Depression	<input type="checkbox"/>	<input type="checkbox"/>	

Other Medical Issues:

Medical Kit Location & Items:

Exercise Instructions:

Location of Tack & Equipment:

Owner:

Pet:

Temperament/Personality:

Pet is usually:

- | | | | |
|---|--------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Sane | <input type="checkbox"/> Mellow | <input type="checkbox"/> Friendly | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Spooky / Unpredictable | <input type="checkbox"/> Bomb Proof | <input type="checkbox"/> Cautious | <input type="checkbox"/> Prone to Flight / Run Barriers |
| <input type="checkbox"/> High Strung | <input type="checkbox"/> Snow / Cold | <input type="checkbox"/> Mean | <input type="checkbox"/> Prone To Kick / Bite / Rear / Buck |
| <input type="checkbox"/> Head or Shy / | <input type="checkbox"/> Bomb Proof | <input type="checkbox"/> Aloof | <input type="checkbox"/> Energetic |

Pet Doesn't Like:

- | | | | |
|--|---|---|--------------------------------|
| <input type="checkbox"/> Baths | <input type="checkbox"/> Hot Days / Sun | <input type="checkbox"/> Men / Women / Kids | |
| <input type="checkbox"/> Hoof Pick | <input type="checkbox"/> Rain | <input type="checkbox"/> Strange Noises | |
| <input type="checkbox"/> Sprays / Aerosols | <input type="checkbox"/> Snow / Cold | <input type="checkbox"/> Being Touched | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Shots | <input type="checkbox"/> Storms | <input type="checkbox"/> Farrier Work | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Massage | <input type="checkbox"/> New Horses | <input type="checkbox"/> All Humans | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Touch Ears | <input type="checkbox"/> Other pets | <input type="checkbox"/> Strangers | <input type="checkbox"/> _____ |

Pet reacts to the above by:

Has Pet Ever:

Describe (even if mild, or under extreme/unusual situations)

- Bit / Kicked someone
- Attacked another animal
- Injured self /escaped out of fear
- Injured self out of boredom
- Escaped from home,

Where does he/she like to escape to?
How can he/she be retrieved?

Commands: (Please circle commands we know, and underline commands we are working on):

Walk	Canter	Slow	Quit	Move On	Move Forward	_____	_____
Trot	Move	Easy	Treat	Back		_____	_____

Can anyone ride / work with horse while you are away?: Y / N

Does horse stand for farrier?: Y / N Use nose chain / Twitch?: Y / N

Describe special gaits & regular state of movement:

Will horse trailer load easily? Y / N	Unload quietly? Y / N	Travel quietly? Y / N
Is horse used to Large / Small trailers?	Slant Load / Straight Load?	Ramp / Step Up Style?

Where is original copy of Coggins test kept for emergency travel needs?:

Comments:

Signature: _____ Date: _____