

Paradigm Farm, LLC

OWNER'S INFORMATION SHEET

Submitted To: Paradigm Farm, LLC
(Fill out one for each horse in training/boarded)

Owner's Name		Home Phone:	-	-		
	Cell Phone:	-	-	Work Phone:	-	-

Owner's Address				
	Street	City	State	Zip

Horse's Name		Registration No.:	
	Birthdate:	/ /	Color:
	Breed:		Markings:

Medical History	Colic?	Yes No	Allergies?	Yes No
	Founder?	Yes No	List known allergies:	
	Tetanus Date:		VEE Date:	
	Enceph. Date:		Rabies Date:	
	Coggins Date:		Last Worming Date:	

Feeding History	Hay Type:		Hay Amount:	
	Grain Type:		Grain Amount:	
	Supplements?	Yes No	List supplements:	
	Daily Wormer?	Yes No		
	Special Needs:			

Emergency Info	Vet Name:		Insured Horse?	Yes No
	Vet Phone:		Insurance Carrier:	
	Alt Vet Name:		Insurance Ph No:	
			Policy Number:	

Is this horse considered a surgical candidate in the event of colic or serious illness?	Yes No
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Emergency Contacts	Contact Name:	
	Contact Phone:	
	Other Comments:	

Owner's Signature: _____
Today's Date: _____