

**STONED GOAT FARM  
BOARDED HORSE INFORMATION SHEET**

1861 Little Conestoga Road  
Elverson, PA 19520  
610-470-4207

Owner's (or Owners) Name \_\_\_\_\_

Phone Numbers \_\_\_\_\_

Name of Horse \_\_\_\_\_ Horse Nickname \_\_\_\_\_

Breed of Horse: \_\_\_\_\_

Registration Number if applicable \_\_\_\_\_

Sex \_\_\_\_\_ Color \_\_\_\_\_

Age \_\_\_\_\_ Markings \_\_\_\_\_

Does horse have any habits /dangerous propensities? \_\_\_\_\_

If yes, describe

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Care Requirements \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL HISTORY:**

Colic Y/N \_\_\_\_\_ Frequency \_\_\_\_\_

Founder Y/N \_\_\_\_\_ When \_\_\_\_\_

Date of Last Worming \_\_\_\_\_ Coggins Test date  
\_\_\_\_\_

VEE \_\_\_\_\_ Strangles \_\_\_\_\_

Allergies  
\_\_\_\_\_

Other  
\_\_\_\_\_

Tetanus Toxoid \_\_\_\_\_ When? \_\_\_\_\_

Encephalomyelitis (sleeping sickness), Eastern & Western  
Strains \_\_\_\_\_

**FEEDING PROGRAM:**

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Grain: Amount \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Supplements: Describe Amount \_\_\_\_\_

ALL supplements must be provided by owner and measured out for each feeding

Known Allergies to feeds: \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY INFORMATION:**

Number to contact in case of emergency, if owner cannot be reached:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Veterinary emergency contact:

Name \_\_\_\_\_

Number \_\_\_\_\_

**INSURANCE INFORMATION**

Is horse insured? Yes\_\_\_\_\_ No\_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy #\_\_\_\_\_

Carrier's address/phone\_\_\_\_\_

Insurance contact & emergency phone number\_\_\_\_\_