

LAKE KOOCANUSA ARENA, LLC

6170 Highway 93 North, Eureka, MT 59917 406-889-5188

OWNER'S INFORMATION SHEET

(fill out one for each horse)

Owner's Name _____ phone No. (home) _____
(work) _____

Address _____

Horse's Name and Number _____

Foaled _____ Color _____ Markings _____

Anticipated arrival date _____ Foal at Side? _____

Sire of Foal _____ Date last foaling _____

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

Stallion to which mare shall be bred _____

Medical History of Horse: Colic _____ Frequency _____

Founder _____ When _____

Allergies, if known _____

Other _____

Tetanus Toxoid _____ Date _____

VEE _____

Encephalomyelitis (sleeping sickness), Eastern & Western Strains _____

Date of last worming _____ Coggins Test _____

Feeding Program: Hay type _____ Amount _____

Grain type _____ Amount _____

Pellets _____ Amount _____

Known allergies to feed _____

Special Care Requirements _____

Habits _____

To be contacted in case of emergency, if owner cannot be reached:

Name _____ phone # _____

Street _____

State _____ Zip _____

Is Horse Insured? _____

Insurance Carrier _____ policy # _____

Carrier's Address _____

Insurance contact for emergencies and phone number _____

Veterinary emergency contact _____ phone # _____

This horse is/is not considered a surgical candidate in the event of colic or serious illness
(check one) _____ IS _____ IS NOT _____

Owner's Initials _____ Date _____ Digital Photo (check) _____

