



Horse/Client Information

Horse Owner

First Name: _____ Last Name _____
Street Address: _____
City: _____ State: _____ Zip Code _____
Mailing address (if different) _____ State _____ Zip _____
E-mail address: _____
Horse Owner telephone:
Home: () _____ Work: () _____ Cell: () _____
How long have you owned this horse? _____
Is this horse Insured? _____

In an Emergency who do we call? Name: _____ Phone: () _____

How did you hear of Bar L Equine Conditioning? _____

Agent Information (if horse will be brought or represented by someone other than the owner)

Agent Full name: _____
Agent Address: _____ City _____ State _____ Zip _____
Agent Telephone: Home: () _____ Work: () _____ Cell: () _____

Horse Information:

Horse's Barn Name: _____ Horse's Age: _____

Registered Name: _____ Which Registry? _____

Please circle: Mare/ Gelding/ Stallion

Is this horse started under saddle? _____

Primary use of this horse (performance events, ranch use, pleasure riding, breeding, etc.) _____

If used for performance please list discipline and events _____

Has this horse been raced? _____ If yes, how long since last race? _____

Is this horse trained to use a mechanical walker? _____

Has this horse ever used a swimming pool or water treadmill in the past? _____

Does this horse have any known vices such as: Biting, kicking, rearing, pulling back, cribbing etc.?

If yes to above question please explain: _____

Horse Health:

Is this horse current on annual vaccinations? Yes/No

When were vaccinations given last? Approx. Date: _____

Vaccines given (if known) _____

Does this horse have a current Coggins Certificate? _____

Has this horse had any known or suspected communicable diseases in the past 2 yrs.? Yes/No

Please circle if horse has had any of the following: EPM, Strangles, Pigeon Breast Syndrome, EHV (Flu/Rhino), West Nile Virus, Piroplasmiasis, Vesicular Stomatitis, or other? Please list: _____

Veterinarian for this Horse: _____ City _____ Phone: () _____

Farrier for this Horse: _____ Phone: () _____

Horse Condition:

Has this horse been in professional training in last 6 mos.? Yes/No

If yes, what type of training? _____

Please list location where this horse has been stabled last thirty (30) days: _____

Has this horse ever had any serious injury or required any surgery? Yes/No

If yes to above Please explain: _____

Is this horse being brought to Bar L Equine Conditioning for rehabilitation or conditioning? (please circle)

If here for rehabilitation please explain why rehabilitation is needed: _____

Please list any specific expectations you have for this horse while at Bar L Equine Conditioning such as: Improve topline, increase muscling, increase respiratory capacity, increase endurance, improve hoof/hair growth, improve bone integrity, improve healing and function resulting from an illness or injury etc. _____

I acknowledge the above information to be true and correct regarding this horse:

Signature: _____

Legibly print name: _____

Date: _____