



JOHNSON & WALES
UNIVERSITY

Horse Information Sheet

Owner Information:

Owners Name _____

Address:

_____ *Street* _____ *City* _____ *State* _____ *Zip*
Email _____ Website _____
Telephone #s Day _____ Evening: _____
Cell _____

For Donation For Lease Other

Horse: Show Name _____ **Barn Name** _____

Horse Breed _____ Height _____ Color _____ Gender _____

Date of Birth _____ Breed Registration papers available Y/ N

Age _____

USEF # _____ How long have you owned the horse? _____

Horse Description and Training history:

Current Work Load: _____ hours per week

Temperament under saddle: _____

Equipment: bit preference: dressage: _____ jumping: _____

Noseband:

Other:

Show Record - brief (attach USEF record if any)

Vices, quirks, trailering, clipping etc.

Does horse crib? _____

Does horse load in trailer easily? _____

Does horse stand for clipping? _____

Does horse cross tie? _____

Other: _____

Personality in stall: _____

Normal turn out: paddock _____ pasture _____ alone _____ with companion _____

Hours of turn out daily: _____

Current Diet:

Grains: (type, amount, brand) _____

Hay lbs./day or (flakes/day): _____



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Supplements: _____

Routine Health Data: It is important for JWU to have an accurate understanding of your horse's history. Please inform us of all matters regarding his health so we can manage him appropriately.

Vaccinations – indicate date last administered (additional documentation will be required at time of trial)

EEE/WEE. Encephalomyelitis _____ Rhinopneumonitis _____

Tetanus _____ Potomac _____

Influenza _____ Strangles _____

Rabies _____ West Nile Virus _____

Coggins Test _____

Dental Care: last date and any issues _____

Parasite Control: Fecal Exam: date _____ results/shedder level _____

Deworming: Last date and product: _____

Previous date and product: _____

Shoeing:

Farrier's name: _____

Date of last shoeing: _____ Type of shoeing: _____

Pads: _____ Corrective work: _____

Does horse stand for farrier?

Veterinary information: including soundness and maintenance issues

Medications:

Last x-rayed: _____

Findings: _____

Routine Joint Injections:

(Joints and frequency of injections, medication used)

Ultra sound: areas and reason for examination: _____

Findings:

Other diagnostics:

Reason for possible lease or donation. How did you find out about JWU?



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Consent to Release Veterinary Records to JWU

Primary Veterinarian: Approximate dates of services rendered: _____ to _____

Name: _____

Address: _____
Street City State Zip

Telephone: _____ FAX: _____ Email: _____

I consent to disclose veterinary records for _____ from _____
(name of horse) (vet service)

Signature of owner date

Secondary Veterinarian: Approximate dates of services rendered: _____ to _____

Name: _____

Address: _____
Street City State Zip

Telephone: _____ FAX: _____ Email: _____

I consent to disclose veterinary records for _____ from _____
(name of horse) (vet service)

Signature of owner date