

# Winter Rose Equestrian

6740 E Jomax Road  
Scottsdale, Arizona 85266  
602-377-3752

## Horse Information

Horse Barn Name: \_\_\_\_\_ Registered Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Height: \_\_\_\_\_ Registration No.: \_\_\_\_\_ Trainer: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Phone: \_\_\_\_\_

### Feeding Preferences:

**AM:** \_\_\_\_\_ Lbs Alfalfa \_\_\_\_\_ Lbs Bermuda \_\_\_\_\_ Lbs Colorado \_\_\_\_\_ Lbs Pellets

**Noon:** \_\_\_\_\_ Lbs Alfalfa \_\_\_\_\_ Lbs Bermuda \_\_\_\_\_ Lbs Colorado \_\_\_\_\_ Lbs Pellets

**PM:** \_\_\_\_\_ Lbs Alfalfa \_\_\_\_\_ Lbs Bermuda \_\_\_\_\_ Lbs Colorado \_\_\_\_\_ Lbs Pellets

Supplements: \_\_\_\_\_

Window: \_\_\_\_\_ Feeder: \_\_\_\_\_

Habits: \_\_\_\_\_ Allergies: \_\_\_\_\_  
(Cribbing, Weaving, Kicking)

This horse IS \_\_\_\_\_ IS NOT \_\_\_\_\_ considered a surgical candidate in the event of colic or serious illness.

## Owner Information

Owner: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Emergency Information

Horse's Veterinarian: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Horse's Farrier: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Owner Physician: \_\_\_\_\_ Phone No.: \_\_\_\_\_

### Owner (or authorized agent)

\_\_\_\_\_  
Signature Date