

**Fox Den Farm – USA, LLC
On-Farm Management / Horse Record**

Please Print

Owner Name: _____ Phone: _____

Address: _____

Emergency Contact Info: _____

Insurance Info: Insured? NO _____ YES with _____

Address: _____

Phone: _____

Horse's Name: _____ Age: _____ Sex M__ G__ S__ Breed: _____

Date of Arrival: _____ Date of Departure: _____ AHSA # _____ USDF # _____

Color & Markings: _____

Condition at arrival: OVERWEIGHT _____ GOOD WEIGHT _____ THIN _____

Condition of feet: SHOD _____ BAREFOOT _____ COMMENTS _____

Blemishes: _____

HEALTH HISTORY

Deworming frequency: _____

Date last dewormed: _____
(if not within 2 weeks, will be dewormed at arrival)

Product used: _____

Date of last coggins: (provide copy)
(should be within last 6 months) _____

Owner/Vet's signature _____
(confirms shots given)

Hoof care instructions & last date trimmed / shod

Please check & date	
Vaccinations	Date of last booster
Rhinopneumonitis	
Tetanus	
E,W,V Encephalitis	
Influenza	
Botulism	
Rabies	
Potomac H. F.	
Strangles	
Other	

Turn-out instructions: _____

Feeding instructions: (list types & amounts of hay, grain, pasture and supplements) _____

Note: please bring 1 week supply of grain to help transfer horse to our feed.

General Health Comments (i.e., colic, allergies, etc.): _____

Other special notes: (concerning personality, vices, or other information needed to best care for your horse):

CHECK-IN INFORMATION

Purpose of Horse:

_____ horse in training

_____ horse for sale

_____ school horse

_____ horse for breeding program

_____ privately owned boarded horse

Items Arrived with Horse:

_____ Bandages / amount

_____ Bridle

_____ Leather halter & shank

_____ Sheet (Sept. – April)

_____ Saddle pad

_____ Blanket (Sept. – April)

_____ Exercise boots

_____ Cooler (Sept. – April)

Other: _____

Items purchased for Horse:

_____ Bandages / amount

_____ Bridle

_____ Leather halter & shank

_____ Sheet (Sept. – April)

_____ Saddle pad

_____ Blanket (Sept. – April)

_____ Exercise boots

_____ Cooler (Sept. – April)

Other: _____

(This is to insure that nothing is misplaced.)