

Equine Companion Care Agreement

Owner Information:

Name: _____

Mailing Address: _____

City, State, Zip _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Email Address: _____

Pet Information

Name: _____ Breed: _____ Age: _____ Sex: _____

Color: _____ Markings: _____

Is pet registered? Y or N If yes, registry name: _____

Is the pet micro-chipped? Y or N If yes, microchip #: _____

Equine Riding Abilities & Training

Is this equine easy to: *(On a scale from 1-5 one being never tried and five being great.)*

____ Lead ____ Tie ____ Trailer ____ Clip ____ Pick up Hooves ____ Veterinarian ____ Farrier

Has this equine *(check all that apply)*

____ Bucked ____ Reared ____ Kicked ____ Bitten Please explain _____

Has this equine been trained or had experience in: *(check all that apply)*

____ Western Pleasure ____ Competitive Trail ____ Pleasure English ____ Driving

____ Barrel Racing ____ Reining ____ Eventing ____ Dressage

____ Trail ____ Jumping (how high?) _____ Other: _____

Size/type of bit used: _____ How many days a week does the equine get worked? _____

Does this equine require a beginner, intermediate or experienced rider? _____

Describe any competitive experience this equine has: _____

How long have you owned this equine? _____

Was this equine adopted from a rescue/shelter? _____

Would you trust this equine to be led and cared for by a small child? _____

Temperament (circle one)	Very Quiet = 1	2	3	4	5	6	7	8	9	10 = Highly Spirited
Friendliness with adults (circle one)	Mean/Afraid = 1	2	3	4	5	6	7	8	9	10 = Very friendly
Friendliness with children (circle one)	Mean/Afraid = 1	2	3	4	5	6	7	8	9	10 = Very friendly
Friendliness with horses (circle one)	Mean/Afraid = 1	2	3	4	5	6	7	8	9	10 = Very friendly
Friendliness with dogs (circle one)	Mean/Afraid = 1	2	3	4	5	6	7	8	9	10 = Very friendly
Temperament around traffic (circle one)	Very Quiet = 1	2	3	4	5	6	7	8	9	10 = Highly Spirited

Equine Health Information

Does equine have any current or previous lameness problems? _____ Describe: _____

Does equine have any current or previous health problems? _____ Describe: _____

Is equine on any current medications/Supplements? _____ Describe: _____

Has your equine ever had colic? _____ If yes how often? Describe: _____

Does the equine have any special needs? _____ Describe: _____

Veterinarian Name: _____ Phone: _____

Does this equine crib or have any behavioral issues? _____

On a scale from 1-9 (1 being severely malnourished and 9 being obese) where is this equine at? _____

Does this equine have a current coggins test? If yes, please give the date of the coggins, veterinarian who performed the coggins, and the results or attach coggins to this form.

Date _____ Vet. _____ Results _____

Housing Information

Equine's current Home

Barn Name: _____

Address: _____

City, State, Zip: _____

Barn Phone: _____

Mgr. or owner of Barn: _____

In what kind of housing situation is the equine used to (pasture, stall, etc.)? _____

What type of turn out schedule is the equine used to? _____

In what kind of fencing is the equine used to? (Board, tape, electric wire, etc.) _____

What type of feed and how much is the equine currently being fed? _____

Is there anything else you can tell us about the equine that will enable us to provide the best care possible? _____

What items will accompany the equine?

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Primary Caregiver Contact Information:

Name: _____

Mailing Address: _____

City, State, Zip _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Email Address: _____

Alternate Caregiver Contact Information:

Name: _____

Mailing Address: _____

City, State, Zip _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Email Address: _____

Power of Attorney Contact Information:

Name: _____

Mailing Address: _____

City, State, Zip _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Email Address: _____

Vaccine History:

Disease	Dates												
East & West Encephalomyelitis													
Equine Influenza Kentucky 97													
Rhinopneumonitis EHV-1 & EHV-4													
Potomavac Horse Fever (PHF)													
West Nile													
Rabies													
Tetanus													
Strangles													
Other													

Deworming History:

Date	Product	Date	Product	Date	Product	Date	Product

*****Please provide at least one good photo of your equine!*****

I/We, _____, the pet owner(s) of the companion animal listed and described on page 1 created this agreement effective the _____ of _____, 20____ to insure the care of the animal listed in the event that I/we are unable to provide proper care due to disability, temporary or long term hospitalization, or in case of death. The animal listed above is a very loved companion that I/we want to ensure with this agreement continues to get the best care if I/we are unable to provide that care for how ever short or long that might be.

Primary Caregiver, _____, will provide proper care and make all medical decisions required for my companion animal in the time I/we are unable to.

If the Primary Caregiver is unable to provide the care the Alternate Caregiver, _____, will provide the care needed in this agreement.

In the event neither Caregivers are able to provide the care my/our companion animal requires, then the Power of Attorney is to contact _____(Rescue/Shelter) and relinquish ownership to the rescue/shelter. I/We have an account with \$ _____ to be donated to the (Rescue/Shelter) that takes the companion animal.

The Power of Attorney is required to ensure Primary Caregiver, Alternate Caregiver or Rescue/Shelter still meets the criteria provided below.

Primary Caregiver, Alternate Caregiver, or Rescue/Shelter is given full control and authority regarding veterinary care and treatment of Companion Animal. If a licensed veterinarian determines my/our Companion Animal develops life-threatening/ terminal injury or illness that will impair the Companion Animals quality of life the caregiver at that time has the authority to have a licensed veterinarian euthanize the Companion Animal.

Signature (owner)

Date

Signature (Primary Caregiver)

Date

Signature (Alternate Caregiver)

Date

Signature (Power of Attorney)

Date