

Congressional Polo Club

**Horse Information Sheet**

**Owner’s Name**):

Address: Phone Numbers: (home) (work) (cell)

**Horse’s Name:** Registration #: Breed: Gender: Age: Color and Markings:

Describe any **habits** or **dangerous propensities** the horse may have:

# Medical History:

Veterinarian’s Name:

Contact Information: (office #) (cell #)

Vaccination/Testing (most recent dates): Coggins Potomac Horse Fever Tetanus Toxoid VEE Rabies Rhino/Flu West Nile Strangles Encephalomyelitis (Eastern & Western Strains) Botulism

Last Worming: Type of Wormer Used: Health Concerns (include known allergies to feed or other medications):

 Special Care Requirements:

# Farrier Information:

Farrier’s Name: Address: Phone #: Date horse last seen by farrier: Barefoot or shoes (type): Special considerations:

# Insurance:

Is horse insured? Yes No

Insurance Carrier: Policy #: Carrier’s Address: Agent’s Name (if known): Phone#:

Signature of Owner:

Signature of Boarder (if *not* Owner): Boarder’s Address: Phone Numbers: (home) (work) (cell)