

# L AND L FARM LLC INFORMATION SHEET

## Contact Information

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Preferred form of Communication: \_\_\_\_\_ (Example: Email, Home, Work, Mobile)

## Horse Information

Horse Name: \_\_\_\_\_ Years Owned: \_\_\_\_\_

Gender: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Registration Organization: \_\_\_\_\_

Registration Brand / Number: \_\_\_\_\_

Microchip Number: \_\_\_\_\_

Vices: \_\_\_\_\_

Has this horse ever injured person or another horse? If yes, please explain in detail: \_\_\_\_\_

\_\_\_\_\_

## Current Veterinarian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

## Management Information

Known Allergies: \_\_\_\_\_

Known Health Conditions: \_\_\_\_\_

Normal Diet Including Supplements and Pasture: \_\_\_\_\_

\_\_\_\_\_

Medications / Schedule: \_\_\_\_\_

Last Negative Coggins Test: \_\_\_\_\_

**Must Supply Coggins Test**

## Vaccinations

Disease(s)	Dates
------------	-------

Anthrax: _____	
----------------	--

Botulism: _____	
-----------------	--

EEE/WEE/VEE: _____	
--------------------	--

EPM: _____	
------------	--

Flu/Rhino: _____	
------------------	--

Influenza: _____	
------------------	--

Potomac Horse Fever: _____	
----------------------------	--

Rabies: _____	
---------------	--

Rhinopneumonitis: _____	
-------------------------	--

Rotavirus: _____	
------------------	--

Strangles: _____	
------------------	--

Tetanus: _____	
----------------	--

West Nile virus: _____	
------------------------	--