

## POWAY EQUESTRIAN CENTER

14875 Mina de Oro • Poway • California 92064

Powayequestriancenter.com

858•786•6441

### EMERGENCY INFORMATION SHEET

**Boarder Name** (Responsible Party): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_  
Years employed: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employer Phone: \_\_\_\_\_

**Emergency Contact** if Owner/ Boarder cannot be reached:  
Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell/ Work Phone: \_\_\_\_\_

#### HORSE INFORMATION:

**DO YOU OWN THIS/THESE HORSE(S)?** \_\_\_\_\_ (Y/N) **IF NOT, PLEASE HAVE THE OWNER COMPLETE THIS INFORMATION FORM AND SIGN THE BOARDING CONTRACT.**

**HORSE'S NAME:** \_\_\_\_\_  
Foaled/Age: \_\_\_\_\_ Color: \_\_\_\_\_ Sex (mare, gelding, stallion): \_\_\_\_\_  
Markings: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Breed: \_\_\_\_\_ Other Identifying Marks: \_\_\_\_\_

#### MEDICAL HISTORY OF HORSE:

Colic: \_\_\_\_\_ Frequency: \_\_\_\_\_ Date of Last Episode: \_\_\_\_\_  
Method of Treatment: \_\_\_\_\_  
Founder: \_\_\_\_\_ Date of Last Episode: \_\_\_\_\_ Method of Treatment: \_\_\_\_\_

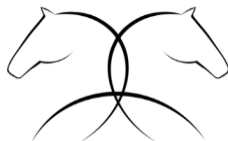
Poway Equestrian Center provides up to two (2) flakes of Alfalfa and/or Bermuda, morning and evening feedings. Please list your preference of feed:

Morning: \_\_\_\_\_ Evening: \_\_\_\_\_  
Lunch/Special (additional charge): \_\_\_\_\_

Any known food allergies: \_\_\_\_\_  
Habits/Vices (such as cribbing, biting, weaving, rinsing food, morning naps, etc.): \_\_\_\_\_

Does your horse have a history of escaping from stalls, or other enclosures? \_\_\_\_\_

**VETERINARY** Emergency Contact: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_



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**(Please provide us with each horse's current vaccination records or request your veterinarian to release records to Poway Equestrian Center.)**

### INSURANCE:

Is the Horse insured? \_\_\_\_\_ (Y/N) What is the value of your horse: \$ \_\_\_\_\_

Insurance Carrier (Equine Mortality): \_\_\_\_\_

Policy Number: \_\_\_\_\_

Carrier's Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Farrier: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

### HISTORY:

Horses' Current Location/address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ How long has your horse been boarded at this location? \_\_\_\_\_

May we contact this location for a reference? [  ] Yes [  ] No

Arrival or Expected Date of Arrival: \_\_\_\_\_

Desired Stall: (Check One) Barn w/ in and out: \_\_\_\_\_ Barn (Inside): \_\_\_\_\_ Mare Motel: \_\_\_\_\_

Pipe Stall: \_\_\_\_\_ Pasture: \_\_\_\_\_

### REFERENCE CHECK:

Have you ever been asked to leave a boarding facility (i.e.- evicted): \_\_\_\_\_ (Y/N) If yes, explain:

\_\_\_\_\_

Please list the facilities you have boarded at recently... if you have not boarded recently, please list two (2) references minimum:

1. \_\_\_\_\_ (Name/Farm Name)

Telephone No.: \_\_\_\_\_ Relationship: \_\_\_\_\_

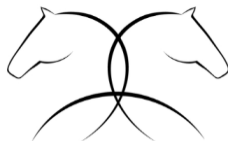
2. \_\_\_\_\_ (Name/Farm Name)

Telephone No.: \_\_\_\_\_ Relationship: \_\_\_\_\_

May we contact the above-listed references? \_\_\_\_\_ (Y/N)

### AUTHORIZATION TO RELEASE HORSE FROM FACILITY

Poway Equestrian Center is hereby authorized to allow any and all person(s) listed below to remove horse(s) and/or personal property of Owner. I, \_\_\_\_\_ ,



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the Owner of \_\_\_\_\_, hereby authorize and grant the individual(s) listed below the authority for removal of my horse(s) and/or personal property from Poway Equestrian Center Facilities and Grounds.

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Poway Equestrian Center **shall not** in any way incur financial and/or legal responsibility for the horse(s) and/or owner's property once horse(s) has been removed from Poway Equestrian Center Facilities or Grounds.

\_\_\_\_\_  
(Initials)                      Date                      Signature of Owner

I agree that all the information above is accurate to the best of my knowledge:

Owner's Name: \_\_\_\_\_  
(Print)

Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_