Equine Sheltering Registration Form

_____ **County** **Date:** _____

Shelter Name: _____ Phone: _____

Shelter Manager: _____ Phone: _____

Horse Owner's Information:
Name: _____

Address: _____

Phone: _____ 2nd Phone :_____

Email: _____

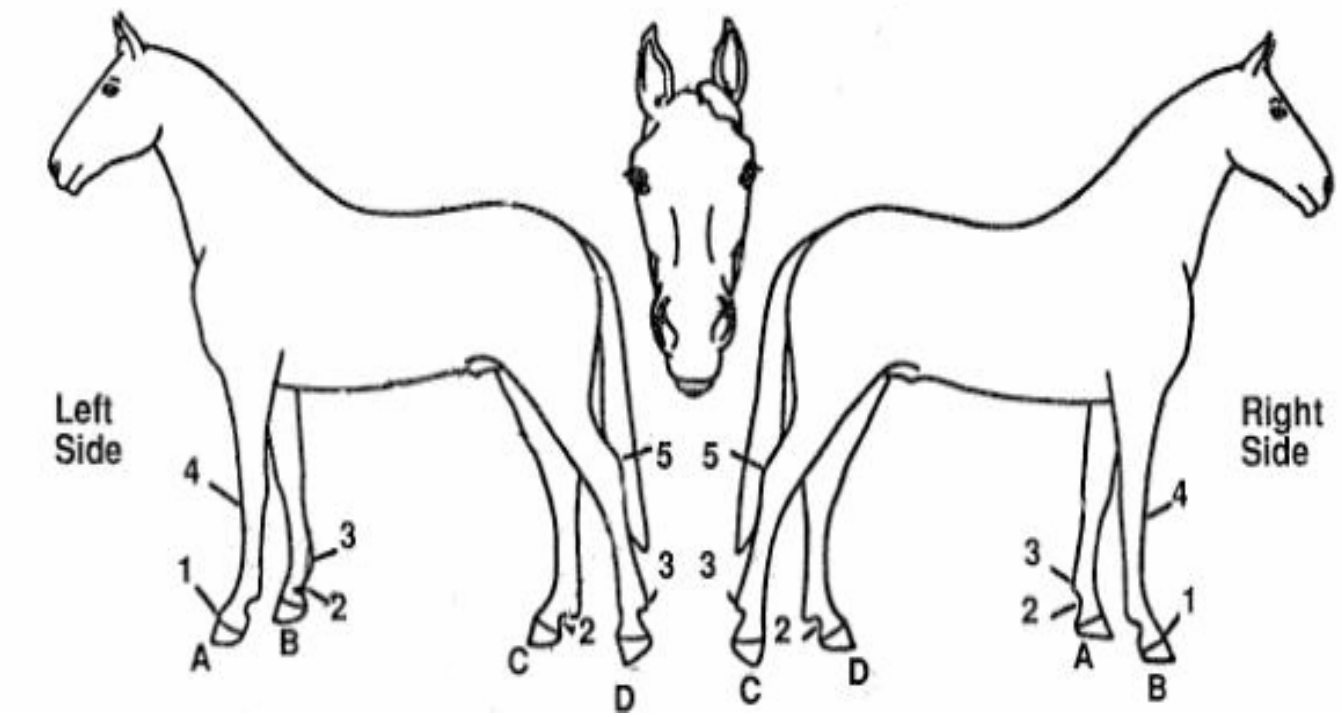
Alternate contact:
Name: _____ Phone: _____

Horse's name: _____ Sex _____

Age: _____ Breed: _____

Color: _____ Microchip: _____

Other distinguishing markings:



Equine Sheltering Registration Form (continued)

Is horse current on vaccinations? Check yes or no by each:

☐ Yes ☐ No Tetanus
☐ Yes ☐ No EEE/WEE
☐ Yes ☐ No Influenza
☐ Yes ☐ No Rabies
☐ Yes ☐ No West Nile

Is horse current on Coggins? ☐ Yes ☐ No Date tested _____

Horse's normal diet: _____
_____
_____

Did owner bring own food? ☐ Yes ☐ No

Quantity: _____ Type: _____