



5700 STATE ROUTE 132, BATAVIA, OH 45103

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HORSE OWNER'S INFORMATION SHEET

Arrival date: _____

OWNER'S INFORMATION:

Owner's Name: _____
Phone No.: (home) _____ (cell) _____ (work) _____
Address: _____
City/St/Zip: _____
E-mail: _____ Text: Yes No

Ownership of HORSE: (check one) Own Leases Manages
Purchased *HORSE* on installment contract -With full payment due date: _____ Title
and registration currently held by: Name: _____
Address City/State/Zip: _____ (Phone) _____

To be contacted in case of emergency, if owner cannot be reached-released to make health decisions on OWNER'S behalf:

Name: _____
Phone No.: (home) _____ (cell) _____ (work) _____
Address: _____

Horses Name: registered: _____ Barn: _____
Height: _____ Age: _____ Breed: _____ Color: _____
Markings/Brands: _____
Sex: Stallion Gelding Colt Filly Mare **Is mare pregnant? Yes No
If yes, expected arrival date is: _____
Papers: Yes No Registration Organization: _____
Number/Brand: _____ Microchip number: _____

Does HORSE have any dangerous propensities? Yes No

If yes, please describe: _____

Habits: _____

HORSE OWNER'S INFORMATION SHEET

Value of HORSE at time of arrival: \$ _____ Is HORSE insured? Yes No

If yes please provide copy of declaration ____.

Does the owner carry mortality/accident/loss of use? Yes No

Insurance Carrier: _____ Policy #: _____

Carrier's Address: _____

Insurance contact for emergencies and phone number: _____

Feeding Program:

Hay type: _____ Amount: _____ AM _____ PM

Grain type(s): _____ Amount _____ AM _____ PM

Pellets Amount: _____ Amount _____ AM _____ PM

Known allergies to feeds: _____

Special Care Requirements: _____

Name of Farrier: _____ Phone #: _____

Shoeing Instructions: _____

Medical History:

Colic: _____ Frequency: _____

Founder: _____ When: _____

Allergies, if known: _____

Other: _____

Date of last deworming: _____

Veterinary emergency contact:

Name: _____ Phone Number: _____

Address: _____

Email: _____

HORSE (check one): IS IS NOT considered a surgical candidate in the event of colic or serious illness.

CURRENT BOARDING INFORMATION:

Name of Facility/Owner: _____ Phone number: _____

Address: _____ How long at this facility? _____

Why are you leaving? _____

Describe your HORSE'S temperament:

HORSE OWNER'S INFORMATION SHEET

Describe your HORSE'S current level of TRAINING:

Describe any pertinent personality, health, or soundness issues with your HORSE:

List the specific goals and focuses for your HORSE'S TRAINING

Please provide the following documents:

- Current Negative Coggins Test** **Horse Insurance Certificate**
 Veterinarian's Health Certificate **Deworming and Immunization Record**

The undersigned owner or authorized agent hereby declares that the above information is true and correct, and agrees to indemnify and hold JLJ Asset Management VII, LLC. DBA Majestic Farm harmless from any and all costs, liability, damages, including without limitation attorney's fees and costs, resulting from any representation made herein by the undersigned owner.

Signature of Owner(or authorized agent): _____

Print Name: _____ Date: _____