

Emergency Care Record

Owner Information			
Owner Name			
Address			
Telephone Number			
Emergency Contact Information			
Name			
Address			
Telephone Number			
Horse Details			
Name		Age	
Breed		Colour	
Bites	YES/NO	Kick	YES/NO
Description of horse/pony temperament, behaviour and quirks			
Emergency Horse Details			
Farrier Name			
Farrier Telephone Number			
Farrier Due Date			
Sedation Required			
Additional Farrier Information			
Vet Details			
Vet Name			
Vet Telephone Number			
Vaccination Due Date			
Sedation Required			
Scheduled Vet Appointment			
Additional Vet Information			

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Feeding/Bedding/Turnout Information			
Hard Feed <i>(to include names of feed and amounts and where to buy from if need more):</i>			
Supplements <i>(to include names and amounts and where to buy from if need more):</i>			
Medication <i>(to include names and amounts and where to buy from if need more):</i>			
Hay/Haylage	Dry/Soaked/Steamed	If Soaked/Steamed how long for: _____	
Quantity and how often given:			
Bedding: Shavings/Straw/Other _____ How Often: _____			
Stable Rugs			
Stable Bandages/Boots	YES/NO	Stable Therapy Equipment	YES/NO
Additional Information:			
Stable Routine <i>(Including any stable quirks re feeding and mucking out)</i>			
Turnout Rugs			
Turnout Leg Boots	YES/NO	Turnout Overreach Boots	YES/NO
Additional Information			
Turnout Routine <i>(To include individual/group turnout, times of day, catching/turning out info)</i>			
Any amendments during bad weather?			
Any current medical conditions <i>(to include past/present conditions):</i>			
Any current injuries?			



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If yes, further information and any special re-hab requirements

Additional Information

- If you have multiple horses, please consider labelling your equipment such as rugs, feed buckets, headcollars, grooming kits etc.
- It is advisable to notify your vets to put a named contact down who has permission to book appointments if required

Name: _____ Signature: _____ Date _____