

Double S Ranch
1714 N NC 16 Hwy
Conover, NC 28613



Phone: 828-217-5755
doublesranch1854@gmail.com
Est: 1800

Horse Information Sheet

Name of Horse: _____

Name of Owner: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Emergency Number: _____ Secondary Number: _____

Name of Veterinarian: _____ Phone: _____

Name of Farrier: _____ Phone: _____

Allergies: _____

Special Instructions: _____

Veterinary History

*Date of Last Treatments, Vaccinations, Illness or Injury *

EWT: _____ Flu/Rhino: _____ WNV: _____ Rabies: _____

Other Vaccinations:

Coggins Test: _____ Deworming: _____ Teeth Floating: _____

Colic: _____ Description: _____

Lameness: _____ Description: _____

Respiratory Illness: _____ Eye Injury: _____

Other: _____

Farrier History

Shoeing Date: _____ Type of Shoes: _____ Number of Shoes: _____

Special Instructions: _____

In case of an emergency situation I (name of horse owner) _____

give Double S Ranch Management the right to contact a vet or farrier when I cannot be contacted.

Signature of Owner: _____

Date: _____