

**MARIN COUNTY EQEVAC
HORSE OWNER DATA SHEET SUPPLEMENT**

Date of Report: _____

For **each location** at which you keep horses or other equine owned by you, please fill out a **HORSE OWNER DATA SHEET**. Use this **SUPPLEMENT** to list additional equine at the **same location** identified on a primary data sheet.

OWNER'S NAME:			
PHONE:	Wk:	C:	Hm:
E-MAIL:			
BARN OR LOCATION:			
ADDRESS:			
HORSE OR OTHER EQUINE ANIMAL:			
NAME:			
SPECIFIC STALL/ Paddock/PASTURE:			
AGE, SEX & HEIGHT:	Age:	Mare / Gelding / Stallion	Height:
BREED:			
TATTOO / MICRO-CHIP #:			
BRAND (S):			
COLOR & MARKINGS:			
Photo(s) attached? Y / N			
TRAILERS – WILL YOUR HORSE GET IN A:	Step-up:	Y / N / ?	Straight load: Y / N / ?
	Ramp:	Y / N / ?	Stock Trailer: Y / N / ?
VICES:			
IS YOUR HORSE (PLEASE CIRCLE " Y " OR " N "):	Safe to tie? Y / N	Good w/other horses? Y/N	
	Safe in pasture? Y / N	Safe in paddock? Y / N	Require stall? Y / N
SPECIAL PHYSICAL OR MEDICAL NEEDS:			
VETERINARIAN:	Name:		Phone:
FARRIER:	Name:		Phone:
NAME:			
SPECIFIC STALL/ Paddock/PASTURE:			
AGE, SEX & HEIGHT:	Age:	Mare / Gelding / Stallion	Height:
BREED:			
TATTOO / MICRO-CHIP #:			
BRAND (S):			
COLOR & MARKINGS:			
Photo(s) attached? Y / N			
TRAILERS – WILL YOUR HORSE GET IN A:	Step-up:	Y / N / ?	Straight load: Y / N / ?
	Ramp:	Y / N / ?	Stock Trailer: Y / N / ?
VICES:			
IS YOUR HORSE (PLEASE CIRCLE " Y " OR " N "):	Safe to tie? Y / N	Good w/other horses? Y/N	
	Safe in pasture? Y / N	Safe in paddock? Y / N	Require stall? Y / N
SPECIAL PHYSICAL OR MEDICAL NEEDS:			
VETERINARIAN:	Name:		Phone:
FARRIER:	Name:		Phone: