

**HORSE INFORMATION**

BARN NAME: \_\_\_\_\_

SHOW NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

COLOR: \_\_\_\_\_ SEX: \_\_\_\_\_ BREED: \_\_\_\_\_

**EMERGENCY CONTACT INFO:**

OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

TRAINER: \_\_\_\_\_ PHONE: \_\_\_\_\_

PLEASE LIST NAMES AND PHONE #'S OF ANY OTHER PERSONS AUTHORIZED TO MAKE VETERINARY TREATMENT DECISIONS BELOW:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VET & INSURANCE INFORMATION:**

PREFERRED VETERINARY \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF INSURANCE COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

POLICY NO: \_\_\_\_\_

PLEASE LIST ANY OTHER INFORMATION LITTLE RAVEN NEEDS TO KNOW REGARDING THE HEALTH OF YOUR HORSE: IE, ALLERGIES, INSTRUCTIONS RELATED TO EMERGENCIES, PAST HISTORY OF ILLNESS, ETC: (USE BACK OF PAGE IF NECESSARY)

*I UNDERSTAND THAT IN THE EVENT MY HORSE BECOMES SICK OR HAS AN ACCIDENT, LITTLE RAVEN RANCH LLC WILL TRY TO CONTACT ME FOR INSTRUCTIONS. IF I AM UNABLE TO BE CONTACTED OR IF THERE IS NOT TIME TO DO SO WITHOUT PLACING MY HORSE AT RISK, LITTLE RAVEN RANCH LLC WILL DO WHAT IS NECESSARY TO CARE FOR MY HORSE. THIS MAY INCLUDE CALLING A VET OR TRANSPORTING MY HORSE TO A VETERINARY CLINIC, SUCH AS LITTLETON LARGE ANIMAL CLINIC. I AGREE TO REIMBURSE LITTLE RAVEN RANCH LLC FOR ANY COSTS THEY INCUR AND AGREE TO PAY THE VETERINARIAN FOR ANY CARE PROVIDED. THE HORSE OWNER ACKNOWLEDGES THE INHERENT RISKS THAT ARE INVOLVED IN SHIPPING AND TRANSPORTING HORSES. THESE RISKS MAY INCLUDE, BUT ARE NOT LIMITED TO, DAMAGE TO PERSONAL PROPERTY, ILLNESS, BODILY INJURY, TRAUMA OR DEATH OF HORSE. THE OWNER OF THE HORSE AGREES TO INDEMNIFY AND HOLD HARMLESS LITTLE RAVEN RANCH LLC, AND ALL EMPLOYEES AND RELEASE THEM FROM ANY LIABILITY OR RESPONSIBILITY FOR ANY ACCIDENT, INJURY, DAMAGE, OR DEATH OF THE HORSE, OR ANY LOSS OR DESTRUCTION OF PROPERTY OF THE OWNER.*

NAME (PRINTED): \_\_\_\_\_

SIGNATURE OF OWNER \_\_\_\_\_ DATE: \_\_\_\_\_