

# Gene Redwood Quarter Horses

465 Bunyip Modella Rd Iona VIC 3815  
Gene 0438 505 798 Trace 0418 505 798

## Horse care record form

Please attach a copy of the horse's registration certificate. All information supplied is treated as confidential. Details, where relevant, maybe shared with a treating veterinarian/farrier.

Horse's registered name \_\_\_\_\_

Horse's stable name \_\_\_\_\_

Breed **Quarter Horse/Paint Horse/Appaloosa/Other** (please circle)

Registration Number \_\_\_\_\_

Date of birth \_\_\_\_\_

Sire \_\_\_\_\_

Dam \_\_\_\_\_

Sex **Mare/Gelding/Stallion** (please circle)

Colour \_\_\_\_\_ Height \_\_\_\_\_

Owner(s) \_\_\_\_\_

Owner(s) name as appears on registration \_\_\_\_\_

Owner(s) membership number \_\_\_\_\_

Address (for accounts) \_\_\_\_\_

Contact details Home \_\_\_\_\_

Work \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

In the event of an emergency, where you the owner(s) are not contactable, do you wish to nominate a contact person who has permission to make decisions regarding the treatment of the horse, e.g. spouse

**Yes/No** (if yes please provide the following details)

Contact persons details Name \_\_\_\_\_

Home \_\_\_\_\_

Work \_\_\_\_\_

Mobile \_\_\_\_\_

Is there an insurance policy covering the horse? **Yes/No**

If YES please provide any details that you feel maybe relevant to your insurance policy e.g. 2 vets must verify diagnosis prior to euthanizing.

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

### Medical History

(if insufficient room please attach separate sheet)

Condition \_\_\_\_\_ Details including dates \_\_\_\_\_

Colic \_\_\_\_\_

Laminitis \_\_\_\_\_

Navicular \_\_\_\_\_

Allergies \_\_\_\_\_

Illness \_\_\_\_\_

Surgery \_\_\_\_\_

Corrective shoeing \_\_\_\_\_

Other, please specify \_\_\_\_\_

### Worming history

Is the horse wormed regularly? **Yes/No**

Date of last worming \_\_\_\_\_

Type of wormer used \_\_\_\_\_

Will you provide regular wormers or do you prefer we organise for your horse to be wormed and the cost added to your account? **Yes/No**

### Immunization History

Is the horse immunized for Tetanus/Strangles? **Yes/No**

Date of last booster \_\_\_\_\_

Additional information relevant to the care and training of your horse. Please include any tendencies, dislikes, conditions not previously mentioned.

\_\_\_\_\_

If attended by an equine dentist whilst in training, do you consent to your horse receiving a sedative if necessary in order to safely complete dentistry work.

**Yes/No**

### Declaration

I have read the attached training terms and conditions and have provided the above details to the best of my knowledge. I agree to abide by the terms and conditions as outlined by Gene Redwood Quarter Horses and inform Gene Redwood, in writing, of any changes in details within seven days.

Name \_\_\_\_\_

Sign \_\_\_\_\_

Date \_\_\_\_\_