

Contact List

Dates of Travel _____

Owner Contact Information: _____

Phone 1 () _____ Phone 2 () _____

Email _____

Physical Address _____

Emergency Contact: _____

Phone 1 () _____ Phone 2 () _____

Veterinarian #1: _____

Amount authorized to spend on veterinary visit(s): _____

Phone 1 () _____ Phone 2 () _____

Physical Address _____

Veterinarian #2: _____

Phone 1 () _____ Phone 2 () _____

Physical Address _____

Farrier: _____

Phone 1 () _____ Phone 2 () _____

Insurance Company: _____

Phone () _____ Policy #: _____

Trailer: _____

Hauling instructions/where keys are located _____

Shipping contact _____

Other Instructions (how to turn off water main, where blankets are located, etc.)

Horse Care Instructions

Dates of Travel _____

Horse Care Instructions:

<i>Horse Name/Description</i>	<i>Stall #</i>	<i>Daily Feed and Watering Instructions</i>	<i>Turnout Instructions</i>	<i>Meds</i>	<i>Special Notes (blanketing, cribbing, behaviors, etc.)</i>

Chores (check all that apply):

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Clean Stalls ___ times/day | <input type="checkbox"/> Check mail | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Groom horses ___ times | <input type="checkbox"/> Put out the trash | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Bed stalls ___ times | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |