

CINDER LAKES RANCH CHECK IN FORM

ARRIVAL DATE _____

Horse Name		DOB:	
Owner		Phone	
Address:		ST	Zip
Email:			

Stallions Breeding To:		
STALLION	CONTRACT	FLUSH/CARRY

Farrier and Worming (please list the last date these were performed)

Farrier:	Deworming:
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Special farrier instructions:

Vaccinations (please check all that you have administered to your horse and the date of last administration)

VACCINE	TYPE	DATE OF ADMINISTRATION
EEE		
WEE		
Tetanus		
West Nile		
Rhino		
Flu		
Strep		
Rabies		

Please list any feed requirements below By checking this box you authorize CLR to make feed decisions for your horse

FEED TYPE	QUANTITY
Timothy	
Alfalfa	
Quantify	
TAB	
Prep 14	
Supplements	

BREEDING HISTORY

<input type="checkbox"/> In Foal	<input type="checkbox"/> Not Bred	<input type="checkbox"/> Maiden	<input type="checkbox"/> Barren	<input type="checkbox"/> Aborted
Foal at Side <input type="checkbox"/>	Color:	DOB:	<input type="checkbox"/> Please check if foal has received plasma	
Male/Female	Sire:			

PHYSICAL EXAM TO BE FILLED OUT WHEN CHECKING IN

Weight		Temp		Body Score	
Head		LF		LH	
Eyes		RF		RH	
Abdomen		Brands		Photos	
ARRIVAL WITH TACK & ADDITIONAL ITEMS				Supplements	
Slinky/Blanket		Sheet		Halter/Lead	

List all abnormalities, etc: scars, cuts, wounds, hair loss, fungal issues, fluid discharges, coughing, wheezing, lameness

MARE REPRESENTATIVE SIGNATURE BELOW

CLR REPRESENTATIVE SIGNATURE BELOW