

MILL CREEK HORSE EMERGENCY INSTRUCTIONS

HORSE NAME: _____

OWNER NAME: _____

Address: _____

Cell Phone _____ Other Phone _____

Name of additional person/agent with permission to pick up & return the horse to

Owner: _____

Chip Type and Number: _____

| |
|--------------------------------|
| <input type="checkbox"/> Horse |
| <input type="checkbox"/> Pony |
| Hands _____ |

| |
|-----------------------------------|
| <input type="checkbox"/> Mare |
| <input type="checkbox"/> Gelding |
| <input type="checkbox"/> Stallion |

| | | |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Black | <input type="checkbox"/> Bay | |
| <input type="checkbox"/> Gray/White | <input type="checkbox"/> Appaloosa | |
| <input type="checkbox"/> Chestnut/Sorrel | <input type="checkbox"/> Paint/Pinto | |
| <input type="checkbox"/> Buckskin/Dun | <input type="checkbox"/> Roan | |
| <input type="checkbox"/> Palomino | <input type="checkbox"/> Other _____ | |
| Mane and Tail: | | |
| <input type="checkbox"/> Dark | <input type="checkbox"/> Light | <input type="checkbox"/> Same as coat |

| |
|----------------------------|
| Marks on face, body, legs: |
| _____ |
| _____ |
| _____ |

| |
|-------------------|
| Prone to: _____ |
| _____ |
| _____ |
| Vet Name: _____ |
| Vet Number: _____ |

| |
|----------------------|
| Feeding Instructions |
| Breakfast: _____ |
| Lunch: _____ |
| Dinner: _____ |
| Medications: _____ |

