

CAPALL STABLES, LLC/FREIHEIT PERFORMANCE HORSES

INFORMATION SHEET

HORSE INFORMATION:

Barn Name of Horse: _____ Age: _____

Registered Name: _____ Association/Number: _____

Breed: _____ Color: _____ Sex: _____

Boarder's Emergency Phone #: _____

Current Insurer: _____ Policy #: _____

Insurer Emergency Phone #: _____

BOARDER/OWNERS INFORMATION:

Owner's Name _____

Parent's Names _____

Street Address _____

City/State _____, (Zip Code) _____

Primary Phone _____

Other Phone _____

Preferred E-mail _____

Is Horse legally owned by another party? _____ **If so, please provide their contact information.**

Extent of emergency care: Capall Stables, LLC and Freiheit Performance Horses will use their best experience and judgement in making decisions in an emergency situation. Capall and Freiheit will attempt to contact Owner. If unable to reach an owner/parent, the Owner agrees to reimburse all related expenses for such decisions, including surgery or removal to a veterinary facility.

Disclose Horse's Vices, Unique Habits, Etc.:

Other Information you feel we should know:

