

*Ligara Farms*  
**OWNER INFORMATION SHEET**

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Health Plan info: # \_\_\_\_\_ Plan: \_\_\_\_\_

*I give Susan Crenshaw and/or her representative permission to seek medical treatment for the undersigned in the event of any emergency. \_\_\_\_\_ (initial)*

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

*Ligara Farms*  
***HORSE INFORMATION SHEET***

*Horse:*      *Name:* \_\_\_\_\_  
                 *Color:* \_\_\_\_\_ *Sex:* \_\_\_\_\_  
                 *Age:* \_\_\_\_\_ *Height:* \_\_\_\_\_  
                 *Allergies:* \_\_\_\_\_  
                 *Suplmnts:* \_\_\_\_\_  
                 \_\_\_\_\_  
                 \_\_\_\_\_

*Vet:*          *Name:* \_\_\_\_\_  
                 *Phone:* \_\_\_\_\_

*In case of an emergency, the owner hereby gives permission for the vet named above to treat the above horse. If the vet is unable to make it, the owner grants permission to have another vet give treatment. \_\_\_\_\_ (initial).*

*Farrier:* \_\_\_\_\_  
*Special inst:* \_\_\_\_\_  
                 \_\_\_\_\_

*Insurance Carrier:* \_\_\_\_\_  
*Health Plan info:* # \_\_\_\_\_ *Plan:* \_\_\_\_\_  
*Telephone:* \_\_\_\_\_

*Signed:* \_\_\_\_\_

*Print Name:* \_\_\_\_\_