

**AGAPE PET SITTING**

*(ah-gah-pay) unconditional love*



**Horse Profile**

Client Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone (2 numbers if possible): \_\_\_\_\_

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

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

Horse #1 Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Feed type, amount, medications: \_\_\_\_\_

Feeding schedule and location \_\_\_\_\_

Stall location: \_\_\_\_\_ Turnout location/schedule: \_\_\_\_\_

Any health or lameness concerns: \_\_\_\_\_

Other: \_\_\_\_\_

Horse #2 Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Feed type, amount, medications: \_\_\_\_\_

Feeding schedule and location \_\_\_\_\_

Stall location: \_\_\_\_\_ Turnout location/schedule: \_\_\_\_\_

Any health or lameness concerns: \_\_\_\_\_

Other: \_\_\_\_\_

Horse #3 Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Feed type, amount, medications: \_\_\_\_\_

Feeding schedule and location \_\_\_\_\_

Stall location: \_\_\_\_\_ Turnout location/schedule: \_\_\_\_\_

Any health or lameness concerns: \_\_\_\_\_

Other: \_\_\_\_\_

Horse #4 Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Feed type, amount, medications: \_\_\_\_\_

Feeding schedule and location \_\_\_\_\_

Stall location: \_\_\_\_\_ Turnout location/schedule: \_\_\_\_\_

Any health or lameness concerns: \_\_\_\_\_

Other: \_\_\_\_\_

Where do you keep the food and medications? \_\_\_\_\_

Where do you keep bedding materials? \_\_\_\_\_

Where would you like to manure to be dumped? \_\_\_\_\_

Are there any other **outdoor** animals that will be requiring care in your absence? **Y or N** (indoor animals have another form)

If so, please list animal type and care below: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Veterinarian \_\_\_\_\_ Phone Number \_\_\_\_\_

Farrier \_\_\_\_\_ Phone Number \_\_\_\_\_

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\*\*Does anyone have permission to ride any of the horses in your absence? \_\_\_\_\_

Agape Pet Sitting will not be held responsible for horse or rider if others have access to this horse whether riding or feeding.

Any contagious illness? \_\_\_ Yes \_\_\_ No If yes give details \_\_\_\_\_

We ask the above question solely to be able to protect our other client's pets as well as our own with extra care and preventative measures while handling your pets and ours.

I certify that all of the above is correct to the best of my knowledge, and that I will notify Agape Pet Sitting of any changes to the above prior to the start of any Service Period.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agape Pet Sitting