

LAKE OSWEGO HUNT CLUB
NEW HORSE ARRIVAL



Date: _____

Horse Name: _____ Breed: _____

Age: _____ Weight: _____ Height: _____ Hands

Registration Number: _____ Sex Mare Gelding

Markings: Face _____ Body _____

RF _____ LF _____ RH _____ LH _____

Blemishes: _____

Owners Name: _____

Address: _____

Phone: _____ Second Phone: _____

Emergency Contact Numbers _____ or _____

Current Feeding Schedule:

AM: _____

Lunch: _____

PM: _____

Any Dietary Restrictions: _____

Date of Last Worming: _____ Wormed With: _____

Date of Last Vaccination : _____ Vaccinated For: _____

Farrier Name: _____ Vet Name: _____

Request for Riding School Services:

Additional notes/comments:

Completed by: _____ Date: _____