

**Triangle Farms, Inc.**  
**Barn Location:**  
**3301 Silver Water Lane**  
**Wake Forest, NC 27587**

**EQUINE DISCLOSURE FORM**

In order to facilitate clear communication between the horse owner or lessee and Triangle Farms Show Barn, the following form has been completed regarding the Horse/Pony being boarded.

**Today's Date:** \_\_\_\_\_

**Owner/Lessee of Horse/Pony:**

**Name:** \_\_\_\_\_ **Email** \_\_\_\_\_ :

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

**Cell #** \_\_\_\_\_ **Home #:** \_\_\_\_\_

**Show Name:** \_\_\_\_\_

**Barn Name:** \_\_\_\_\_

**Physical Description of Horse:**

**Breed:** \_\_\_\_\_ **Height:** \_\_\_\_\_

**Foal Date:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Color/Markings:** \_\_\_\_\_

**Current Stabling Information:**

**Daily Turnout?** \_\_\_\_\_ **Alone or with other equines?** \_\_\_\_\_

**Health and Care Information:**

**List All Current Supplements/Vitamins/Medications (oral and topical, including hormones):**

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

**Most Recent Farrier Visit?** \_\_\_\_\_ **Shoes?** \_\_\_\_\_

**Hoof Issues? If so, please describe:** \_\_\_\_\_

**Bone or Joint Issues? If so, please describe:** \_\_\_\_\_

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

**Weight (Low or High) Issues? If so, please describe:** \_\_\_\_\_

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

**Allergies (Hay/Grain/Medication/Other)? If so, please describe:** \_\_\_\_\_

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

**History of Colic? If so, please describe situation and type of treatment received** \_\_\_\_\_

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

**Dental Issues?** *If so, please describe:* \_\_\_\_\_

**Muscular/Suspensory Issues?** *If so, please describe:* \_\_\_\_\_

**Chronic or Undiagnosed Lameness Issues?** *If so, please describe:* \_\_\_\_\_

**Chiropractic/Acupuncture/Massage Therapy to be received by Equine?** *If so, when, frequency, etc:* \_\_\_\_\_

**Regular Worming/Vaccinations/Coggins Maintained?** \_\_\_\_\_

**Most recent worming/vaccinations/Coggins blood draw?** \_\_\_\_\_

**At that time, type of wormer/vaccinations received?** \_\_\_\_\_

**Microchip/Tattoo/Brand?** \_\_\_\_\_

**Please provide copy of most recent shot record and current coggins**

**Major Medical or Mortality Insurance currently carried on Equine?** \_\_\_\_\_

**If so, company name, policy # and contact information:** \_\_\_\_\_

**Estimated Value of Equine as of Today:** \_\_\_\_\_

**Equine Behavioral Profile:**

**Undesirable Behavior towards or around humans?** (circle all that apply)

Biting      Spooking      Kicking      Stepping On      Charging      Rearing      Bucking

Bolting      Running out of stall      Stopping or running out at jumps      Dumping riders

Tripping      Trailering Issues      Bathing Issues      Farrier Issues      Vet Issues

Tying Issues      Grazing Issues      Leading Issues      Blanketing Issues      **NONE**

*Other (please describe):*

**Undesirable Behavior towards other equines?** *If so, please describe:* \_\_\_\_\_

**Cribbing/Weaving/Digging/Chewing/Similar Issues?** *If so, please describe:* \_\_\_\_\_

Does Equine Wear Cribbing Strap/Muzzle/Grazing Muzzle? \_\_\_\_\_

**Emergency Contact if Owner/Lessee/Agent Not Available:**

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**I CERTIFY THAT THE ABOVE INFORMATION WAS PROVIDED BY ME AND IS TRUE, COMPLETE AND ACCURATE:**

Signature: \_\_\_\_\_

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

(Circle one):    Owner       Lessee       Agent

Date Completed: \_\_\_\_\_

**Additional information about you or your Horse (if needed):**