



While U R Out Pet Sitting ~~Livestock Information~~



Please fill out one Pet information disclosure per pet.

Pet's Name: _____	Nick Name: _____	Age: _____
Breed: _____	Sex: <input type="checkbox"/> Gelding <input type="checkbox"/> Stallion <input type="checkbox"/> Mare	
Physical Description (color) _____		
Does animal come up from pasture with call or whistle Yes No With rattled feed bucket Yes No		

Feeding Instructions:			
<input type="checkbox"/> Hay	# of flakes: _____	Where to feed: _____	<input type="checkbox"/> Morning <input type="checkbox"/> Midday <input type="checkbox"/> Night
Type:	Grass Alfalfa Mix Cubes		
<input type="checkbox"/> Grain	Amt: _____	Where to feed: _____	Measure with: _____ <input type="checkbox"/> Morning <input type="checkbox"/> Midday <input type="checkbox"/> Night
Type:	Sweet Oats Mix Other: _____	<input type="checkbox"/> Mix in supplements & meds	<input type="checkbox"/> Mix in Oil
<input type="checkbox"/> Medications	Name: _____	Amt: _____	Name: _____ Amt: _____
Location:	<input type="checkbox"/> Morning <input type="checkbox"/> Midday <input type="checkbox"/> Night		<input type="checkbox"/> Morning <input type="checkbox"/> Midday <input type="checkbox"/> Night
<input type="checkbox"/> Supplements	Name: _____	Amt: _____	Name: _____ Amt: _____
Location:	<input type="checkbox"/> Morning <input type="checkbox"/> Midday <input type="checkbox"/> Night		<input type="checkbox"/> Morning <input type="checkbox"/> Midday <input type="checkbox"/> Night
<input type="checkbox"/> Water	Location: _____	Source: _____	
<input type="checkbox"/> Treats	Name: _____	Amt: _____	Location: _____ <input type="checkbox"/> Morning <input type="checkbox"/> Midday <input type="checkbox"/> Night
Clean Stalls: _____ X daily Pick Paddock: _____ X daily Scrub water bucket: _____ X weekly			

Pet's Living Area:	
<i>No Turn Out</i> <input type="checkbox"/> Stalled 24 hours a day <input type="checkbox"/> Rotate pastures <input type="checkbox"/> Free access to outdoors from stall / Run In <input type="checkbox"/> Turn electric fence on and off during use <input type="checkbox"/> Close barn doors at night / bad weather, Open during day Location of 2 Halters, 2 Lead Ropes: _____	<i>Turn Out</i> <input type="checkbox"/> Into fenced area adjacent to stall <input type="checkbox"/> Halter and lead to pasture - daytime only <input type="checkbox"/> Halter and lead to pasture - during visit only

Pet Medical History: (ongoing or reoccurring known illnesses/injuries, treatments & medications)
Has pet ever: Colic Foundered Tied Up Choked Other Medical Issues: _____

Emergency Care:	
Vet Name: _____	Vaccinations up to date on (month/yr): _____
Clinic Name: _____	
Phone: _____	Procedure for cracks or loose / lost shoes: _____
Farrier Name: _____	
Business Name: _____	
Phone: _____	