



SPECIAL INSTRUCTIONS

HORSE NAME: _____

DESCRIBE BELONGINGS THAT YOUR HORSE BROUGHT TO THE HOSPITAL:

HALTER: YES / NO TYPE: _____ COLOR: _____

BLANKET: YES / NO TYPE: _____ COLOR: _____

LEG WRAPS: YES / NO TYPE: _____ COLOR: _____ HOW MANY: _____

ANYTHING ELSE: YES / NO PLEASE DESCRIBE: _____

PLEASE NOTE WE ARE NOT RESPONSIBLE FOR LOST OR STOLEN ITEMS. WE STRONGLY RECOMMEND TAKING YOUR ITEMS HOME. PLEASE PUT HORSE'S NAME ON EACH ITEM THAT YOU LEAVE WITH THE HORSE.

SIGNATURE: _____ **DATE:** _____