



*Seacoast
Horse & Pet
Sitting*

www.horsesit.com

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Note: All care, feeding and veterinary information should be posted in your barn. However, we keep the following information on file. We will complete this form with you at our initial meeting or you can complete it first and we will review the information when we meet.

BARN/HORSE CARE MANAGEMENT FORM

Owner Contact Information:

Owner:	Home Phone:
Address:	Cell Phone:
City/State/Zip:	Email:

Other Owners/Contacts:	Phone:
Local Contact:	Phone:

Main Contact number while away:	
Email/Text updates/pictures to:	

Veterinary Contact Information:

Vet:	Vet Phone:
Clinic Name:	Clinic Phone:
Contact Preferences:	

Farrier Contact Information:

Farrier:	Phone:
Business Name:	
Procedure for cracks or loose/lost shoes:	

Pets at this facility: (Note: there is a separate form for dogs/cats/goats/other)

#of Horses_____	#of Dogs_____	#of Cats_____	#of Goats_____	Other_____
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Owner:	Please write all horses names/color/age below.
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Horse name/age/color	Horse name/age/color

HORSE INFORMATION

Please write the horses name next to the behavior listed below

Behavior/Personality:

<input type="checkbox"/> Mellow/Bomb Proof	
<input type="checkbox"/> Sane/Average	
<input type="checkbox"/> High Strung	

Doesn't Like:

<input type="checkbox"/> Sprays	
<input type="checkbox"/> Ears Touched (head shy)	
<input type="checkbox"/> Noises (leaf blower)	
<input type="checkbox"/> Storms/Thunder	
<input type="checkbox"/> Cross-ties	

Handling Behavior

<input type="checkbox"/> Stands for Grooming	
<input type="checkbox"/> Stands for Farrier	
<input type="checkbox"/> Behaves for Vet	

Reactions:

<input type="checkbox"/> Kicks or bites	
<input type="checkbox"/> Rears or bucks	
<input type="checkbox"/> Escapes or runs	

We will assume your horses know these basic commands - Please indicate if they DO NOT know or obey one.

Stand Back Over Easy - Also let us know if there is a specific noise/word you use if they misbehave.
Will they come when called? Yes/No

Health Issues

<input type="checkbox"/> History of Colic	
<input type="checkbox"/> Foundered	
<input type="checkbox"/> Old Injuries to Watch	

HORSE TURN OUT INFORMATION

Haltering:

Halters are kept: _____

<input type="checkbox"/> On for turn out only (not on in stall)	
<input type="checkbox"/> Always on	

Blanketing:

Blankets are kept: _____

<input type="checkbox"/> Not blanketed	
<input type="checkbox"/> Sheets/blankets as specified on visit	

Turn out:

<input type="checkbox"/> On 24 hour stall rest	
<input type="checkbox"/> In/Out Stall (specify if closed at night)	
<input type="checkbox"/> Use nose chain when leading out	
<input type="checkbox"/> No Turnout in rain	
<input type="checkbox"/> Bring to fenced area	

Herd Mentality:

Order of turn-out: Please tell us who goes out first, second, etc. Also, if there is anyone who tries to escape, rush gate or bully friends.

Fence Details:

Please let us know if you utilize electric fencing. Should gates left open/closed, pasture rotation, etc.

BARN INFORMATION

Barn Details:

Close barn doors at night/Lights on/off - doors locked, etc. Please indicate preferences and show locations during our meeting.
Mucking stall preferences (manure disposal, bedding, timing).

HORSE FEEDING INSTRUCTIONS

WATER: All stall buckets will be cleaned and changed daily. Outside water buckets filled/cleaned/changed as required. We will need to know the water source location (hose, buckets, faucet, automatic, etc.).

TREATS: We love to bring apples and/or carrots for horses and treats for other barn yard buddies. Please advise their favorite snack and any restrictions.

FEEDING: We would like to have a general record of your feed schedule below. However, due to the differing diets of many horse barns we ask that an up to date listing of feed requirements be posted at your barn.

Special Notes:

Please tell us who should be fed first, second, etc. If any of the horses tend to eat quickly/slowly/may leave some, etc.
Also, order of feed (hay first, grain, some hay inside/some outside)

BREAKFAST

Time Preference: _____ AM

HAY - Location of hay in barn _____ Location to feed (in stall or outside) Also dry/wet/soak

# of Flakes:	Horse:
# of Flakes:	Horse:
# of Flakes:	Horse:
# of Flakes:	Horse:

GRAIN - Location of grain in barn _____ Location to feed (in stall or outside) Post supplements/medications

LUNCH

Whether or not you feed hay at lunch time we require at least a minimum lunch time check.

Time Preference: _____ PM

HAY - Lunch time hay YES/NO _____ Location to feed (in stall or outside) Also dry/wet/soak

# of Flakes:	Horse:
# of Flakes:	Horse:
# of Flakes:	Horse:
# of Flakes:	Horse:

DINNER

Time Preference: _____ PM

HAY - Location to feed (in stall or outside) Also dry/wet/soak

# of Flakes:	Horse:
# of Flakes:	Horse:
# of Flakes:	Horse:
# of Flakes:	Horse:

GRAIN - Location of grain in barn _____ Location to feed (in stall or outside) Post supplements/medications