

# HORSE INFORMATION

**PLEASE** send your horses pre-purchase exam (or have the records released by your vet), Show Records, and any Show Videos or Photos.

HORSE SHOW NAME: \_\_\_\_\_ USEF# \_\_\_\_\_

HORSE BARN NAME: \_\_\_\_\_ REG PAPERS: \_\_\_\_\_  
(YES/NO)

DATE OF BIRTH: \_\_\_\_\_ BREED: \_\_\_\_\_ Height: \_\_\_\_\_

REASON FOR SELLING: \_\_\_\_\_  
\_\_\_\_\_

DATE OF VACCINATIONS/WORMING: \_\_\_\_\_ DATE OF DENTAL: \_\_\_\_\_

MEDICAL CONDITIONS (INCLUDE INJECTIONS): \_\_\_\_\_  
\_\_\_\_\_

VETRINARIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE LAST SHOD: \_\_\_\_\_ BRIDLE/BIT USED: \_\_\_\_\_

EQUIPMENT SENT (LEATHER HALTER PREFERED) –DOES EQUIPMENT STAY WITH HORSE AFTER SALE?  
\_\_\_\_\_

OWNER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TRAINER: \_\_\_\_\_ CELL#: \_\_\_\_\_

INSURANCE: \_\_\_\_\_ POLICY#: \_\_\_\_\_

PHONE#: \_\_\_\_\_ COVERAGE: \_\_\_\_\_  
(MORTALITY, MAJOR MED, ETC)

1800 E 49<sup>th</sup> S, IDAHO FALLS, ID 83404 – 208.520.1850

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