



HORSE INFORMATION

1800 E. 49TH S., IDAHO FALLS, IDAHO 83404

www.parkwoodjumpers.com

parkwoodif@gmail.com

PLEASE SEND: Your horse's pre-purchase exam (or have the records release by your vet), Show records, and any Show videos or Photos.

OWNER NAME: _____

PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

TRAINER: _____

TRAINER PHONE: _____

HORSE SHOW NAME: _____

USEF#: _____

HORSE BARN NAME: _____

REG PAPERS _____

(YES/NO)

DATE OF BIRTH: _____ BREED: _____

HEIGHT: _____

REASON FOR SELLING: _____

ANY KNOWN BEHAVIOUR ISSUES: _____

DATE LAST SHOD: _____

BRIDLE/BIT USED: _____

EQUIPMENT SENT (LEATHER HALTER PREFERD) – DOES EQUIPMENT STAY WITH HORSE AFTER SALE? _____

VETRINARIAN: _____

PHONE: _____

DATE OF VACCINATIONS/WORMING: _____ DATE OF DENTAL: _____

DATE OF COGGINS: _____

MEDICAL CONDITIONS (INCLUDE INJECTIONS): _____

INSURANCE CARRIER: _____

POLICY #: _____

PHONE: _____

COVERAGE: _____