



MEREDITH MANOR

International Equestrian Centre

147 Saddle Lane Waverly, WV 26184
800-679-2603 www.meredithmanor.edu

Horse General Background / Health Information

This form must be completed and returned to Meredith Manor prior to any horse arriving

Horse's Registered Name: _____

Horse's Barn Name: _____

Sex: _____ Breed: _____ Foaling Date: _____

Height: _____ Weight: _____ Color: _____

Distinguishing Marks: _____

Blemishes and Scars: _____

Has the horse ever been shod? Yes _____ No _____

Is your horse insured? Yes _____ No _____

Describe any past illnesses and/or injuries: _____

Describe any allergies: _____

Describe any existing medical conditions that need attention and current treatment and/or medication used: _____

Owner Information:

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Emergency Contact: _____ Phone #: _____

Training History

On this page briefly describe the training your horse has experienced and any other pertinent facts you think Meredith Manor should know.

Thank you for applying your horse to Meredith Manor's training / riding program. Upon receiving your horse's information we will be in contact with you. If you have any further questions before then, please don't hesitate to contact us.