



7625 Neibauer Rd.
Billings, MT 59106

Direct: 406-656-2861
Cell: 406-647-6751

lazyhbarlazyh@hotmail.com

HORSE SITTING INFO SHEET

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Horse/Owner's Name: _____ B'day: _____ Male / Female Mare/Gelding/Stallion
Breed: _____ Colors/Markings: _____ Brand/Tattoo: _____

Health Record (must be accompanied by veterinarian records):

Date of Last Check-up: _____ Any Vaccinations: _____

Any known illnesses: _____

Feeding Instructions (Quantity per Animal):

AM / PM / BOTH: _____ Pounds/Flakes/Scoops of Alfalfa / Grass / Pellets

AM / PM / BOTH: _____ Pounds/Flakes/Scoops of Alfalfa / Grass / Pellets

Instructions: _____

Supplements (Quantity per Animal):

AM / PM / BOTH: _____ Mix with Water / Dry Food / Other: _____

AM / PM / BOTH: _____ Mix with Water / Dry Food / Other: _____

AM / PM / BOTH: _____ Mix with Water / Dry Food / Other: _____

Instructions: _____

Treats: Yes No Type: _____ Quantity: _____

Automatic Waterer: Yes No Any previous problems with waterer: _____

Turn Out:

Stay in stall Pasture Turnout with other horses

Special call command: _____

Comes back when called: Yes No

If no, explain how to return to stall: _____

Does anyone have permission to ride: Yes No

Special Instructions: _____



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Clean Stalls: Yes No

How often and instructions: _____

Personality:

Does your animal have any aggressions toward other animals or people: Yes No

If yes, please describe: _____

Has your animal ever kicked, bitten or been bitten: Yes No

If yes, please describe: _____

Does your animal get frightened easily: Yes No

If yes, please describe all circumstances: _____

Where does your animal like/not like to be touched: _____

Behaviors:

Kicks Charges Other: _____

Rears Head Shy Other: _____

Bites Open Gates Other: _____

Other:

Easy to halter: Yes No

Easy to load in trailer: Yes No

Blanket: Yes No

Spray/Mask: Yes No

Anything else we should know: _____



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Comments: _____

I, _____, have entered the above information as truthfully and accurately as possible.

Client Signature Date