



KENSINGTON RIDGE FARMS

ANDALUSIANS/PRES

PLEASE PRINT LEGIBLY

Name of Horse: _____

Breed: _____ DOB: _____

Please include a copy of your horses breed papers pages 1 and 3. I don't need to know about lineage just that they are pure breed. All Spanish horses are welcome.

Place of Birth: _____ Breed Registry: _____

Sex: _____ Training and Level of Work: _____

City and State Horses Lives In: _____

Feeds Given:

Grain Name and Quantity and amount day and feeding times per day. Brand of Grain(s):

AM Quantity: _____ Lunch: Quantity: _____ Dinner Quantity: _____

Night Quantity: _____ Additional Feeding Quantity: _____

What type(s) of Hay do you feed? How much and How often? (Weight of Hay would be best. My apologies about the weight I know it's a pain in the butt, from experience)

AM Quantity: _____ Lunch: Quantity: _____ Dinner Quantity: _____

Night Quantity: _____ Additional Feeding Quantity: _____

Supplements: I need to know all supplements you give your horse and when. Attach extra pages if necessary

AM: _____

Lunch: _____

Dinner: _____

Medications: I will need to know any and all medications your horse is on as well and why they are taking that particular medication.

AM: _____

LUNCH: _____

PM: _____

ADDITIONAL MEDICATION: _____

Does horse graze on pasture? If so, how long and what type. _____

Does horse spend time in another City or State if so where and for how long. _____

While in the above location does the horse graze on pasture? If so, how long and what type? _____

Are you noticing any issue with your horse. For example are you struggling to build muscle despite supplementation, training efforts etc. Seeing neurological symptoms. Inability to put on weight even though horse seems healthy.....

Include additional sheets if necessary

Have you ever breed your horse? _____ If so how many times? _____

If a mare has she carried to term? _____

Any information no matter how small you may think it is. I care and want to know about it. I want to know if your having hoof issues or your horses mane is brittle. Tell me anything and everything I am here to try and help you.

11924 Forest Hill Blvd. Suite 10A-345 Wellington FL 33414 (561) 386-6134

Owners Name: _____

Trainers Name: (If Applicable) _____

Mailing Address: _____

Contact Telephone Number: _____

I will be sharing your personal data with Veterinarians, Universities and Research Companies and/or Grant Providers in the hopes to further the research on the effects of Vitamins E or Vitamins E deficiencies in Spanish horses however I will not share your personal information with the public without your consent.

I will share the results of the study as a whole with out using any names of owner, horses or photos. No barn names or locations without your written consent.

Circle One and then Initial

Do you give consent for me to share photos of your horse and his or her name?
YES NO

Do you give consent for me to share your name?
YES NO

Do you give consent for me to share the location of you horse for example South FL
YES NO

If I need more specific content on something I will always contact you directly and get your consent in writing. I will never assume anything. Never worry your and your horses privacy and well being comes first. Also, please provide a 2 photos of your horse 1.) a head shot and 2.) a full side view body shot. You can include others if you like.

Email Completed forms to: kensingtonridge@aol.com Attn: Shelly Swetnam

SIGNATURE OF OWNER/: _____

PRINTED NAME: _____

Address: _____

Phone Number: _____

SIGNATURE OF TRAINER IF APPLICABLE: _____

PRINTED NAME: _____