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### **New Boarder Information Form**

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Breed/Sex: \_\_\_\_\_ Reg. #: \_\_\_\_\_

Color/Markings/Brands: \_\_\_\_\_

Owner (as printed on registration papers): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Health History**

Vaccinations: Eastern/Western Encephalitis \_\_\_\_\_

Tetanus \_\_\_\_\_

Flu/Rhino \_\_\_\_\_

Rabies \_\_\_\_\_

West Nile \_\_\_\_\_

Other \_\_\_\_\_

Hoof Care: Date last trimmed/shod - \_\_\_\_\_

Special Requirements? \_\_\_\_\_

De-Worming: Type - \_\_\_\_\_ Date - \_\_\_\_\_

Date of Coggins: \_\_\_\_\_ (please attach copy)

### **Feeding Information**

Hay: Type - \_\_\_\_\_ Amt/feeding - \_\_\_\_\_

Grain: Type - \_\_\_\_\_ Amt/feeding - \_\_\_\_\_

\_\_\_\_\_ Amt/feeding - \_\_\_\_\_

\_\_\_\_\_ Amt/feeding - \_\_\_\_\_

Supplements: \_\_\_\_\_

Any special feed requirements? \_\_\_\_\_

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**Turnout Information**

Private or Group (please circle one)

Stall board or pasture board (please circle one)

Horse's Pasture Behavior (i.e. dominant or recessive, bossy, can't be with mares, for stallions – can be near other horses or needs to be separated, etc): \_\_\_\_\_

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**Any other pertinent information?** \_\_\_\_\_

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Note: If you wish to use Whitehaven's regular veterinarian, South Carolina Equine/Dr. Nicole Cunningham, please contact them at 803-423-2312 to set up a billing account. Whitehaven *does not* advance funds for veterinary services performed.

*Thank-you!*