

**HOPKINSON EQUINE MANAGEMENT (HEM)**  
**ARRIVAL / DEPARTURE FORM**

DATE OF ARRIVAL: \_\_\_\_\_ DEPARTURE: \_\_\_\_\_

NAME OF HORSE: \_\_\_\_\_ SIRE / DAM: \_\_\_\_\_

Color: \_\_\_\_\_ Registration Number: \_\_\_\_\_

**OWNERS INFORMATION:**

Owners Name: \_\_\_\_\_

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

Ranch /Billing Address: \_\_\_\_\_

Phone Numbers: Home/Ranch: \_\_\_\_\_ Mobile: \_\_\_\_\_

AHA Membership Number: \_\_\_\_\_ USEF Member Number: \_\_\_\_\_

**INSURANCE INFORMATION:**

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

Agent Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Policy Information: \_\_\_\_\_

**VACCINATION HISTORY:**

Flu/Rhino: \_\_\_\_\_ EWT: \_\_\_\_\_

Strangles: \_\_\_\_\_ West Nile: \_\_\_\_\_

Worming (Date, type frequency): \_\_\_\_\_

Other: \_\_\_\_\_

**EQUIPMENT** (please give description, if sent with horse, otherwise they will be purchased):

Halter / Lead Rope: \_\_\_\_\_

Blanket / Sheet / Sleezy / Hood: \_\_\_\_\_

Halter fuzzy: \_\_\_\_\_ Polo wraps: \_\_\_\_\_

**CLIENT COMMENTS:**

**HEM COMMENTS:**

Condition of Horse at Arrival: \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor

Condition of Horse at Departure: \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor

Arrival Photo: \_\_\_\_\_ Yes \_\_\_\_\_ No Departure Photo \_\_\_\_\_ Yes \_\_\_\_\_ No

COMMENTS: