

ANIMAL CARE CHECK LIST

Owner Name _____ Barn _____ Stall _____

Phone #'s _____ Vet _____

PLEASE SELECT:

- OK to feed and handle my animal
- Feed my animal but DO NOT handle
- I will feed and handle my animal

DATE	CARE	AM	NOON	PM
	Feed			
	Water			
	Exercise			
	Feed			
	Water			
	Exercise			
	Feed			
	Water			
	Exercise			
	Feed			
	Water			
	Exercise			
	Feed			
	Water			
	Exercise			

Warnings: _____

COMPLETE THIS FORM DAILY

It is important that you complete this form daily as it is the only way we know that animal is being cared for.

TAPE THIS FORM TO STALL DOOR. EXTRA FORMS AT FEED STORE

