

## Care plan

This care plan is to inform your yard manager or any other people who may care for your horse with all the information they may need. Provide as much information as possible to make sure your horse's routine is kept as close to normal if you're unable to attend to them for any reason. This plan can be used long term or short term, for example if you're away on holiday. We recommend you review the plan regularly and update it with any changes in management. If any access is restricted by locks or alarms, you may need to consider sharing codes or providing spare keys.

### Owner

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

Contact details: \_\_\_\_\_

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### Yard manager/authorised representative

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

Contact details: \_\_\_\_\_

Yard address: \_\_\_\_\_

What 3 Words: \_\_\_\_\_

Location of emergency care plan: \_\_\_\_\_

Download your emergency care plan [here](#)

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### Horse

Name: \_\_\_\_\_ Year of birth: \_\_\_\_\_

Height: \_\_\_\_\_ Breed: \_\_\_\_\_ Colour: \_\_\_\_\_

Sex: \_\_\_\_\_ Microchip number: \_\_\_\_\_

Your horse's normal:



Temperature: \_\_\_\_\_



Pulse: \_\_\_\_\_



Respiration: \_\_\_\_\_

## Temperament

Likes and dislikes, normal behaviours, traits or things to be aware of

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## Feeding regime

Forage:

Forage type, location, delivery method, fed dry/steamed/soaked and timings • Frequency/timings and amounts/weights

Additional feed:

Frequency/timings of feeds and amounts/weights • Location, brands and feed type, is soaking required and timings, delivery method and equipment • Supplements – names/amounts

## Management:

Veterinary, farrier and allied professionals

Professional	Name [name of professional/company]	Contact information	Frequency [how often they visit your horse]
	Veterinarian		
	Farrier		
	Body worker/ Physiotherapy		
	Saddle fitter		
	Dentistry		

Any additional notes regarding the above

## Testing-led deworming programme

Details and timings of your testing programme

For more information on worming programmes visit our [website](#)

## Housing and turn out

Turn out location, timings, water supply, companions • Stabling timings, bedding type, location of equipment for mucking out/poo picking field

## Exercise

Exercise plan and any exemptions (including lungeing and groundwork) • Equipment required and location

## Rugging

Weights, colours, brands, locations

## Veterinary conditions and medication

Conditions and management notes (eg prone to choke or laminitis) • Medications – location, dosage, how and when to administer

Additional information

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Date agreed: \_\_\_\_\_ End date agreed (if applicable): \_\_\_\_\_

Signatures:

Owner: \_\_\_\_\_

Authorised representative: \_\_\_\_\_