

DONKEY CARE PLAN

Owners Name:

Vet Name:

First aid kit kept:

Address:

Telephone number:

Telephone number:

Farrier Name:

Medication kept:

For donkey related
queries contact:

Telephone number:

Telephone number:

Donkey Name		
Description or Photograph		
Feed given and how often		
Medication needed and frequency		
Stabled at night? Who with?		
Particular likes and dislikes		
Unusual habits to be aware of		
Problems to be aware of eg prone to laminitis		