

Equine Services
Client and Horse Information

Contact Information:

Today's Date: _____

If something does not apply to you or your home, please indicate by entering "N/A" in the space.

Name: _____ Email Address: _____

Address: _____

Mailing address (if different): _____

Home Phone: _____ Cell: _____ Work Number: _____

Phone Numbers while out of town: _____

Schedule and Fees:

Start date: _____ End/owner's return date: _____

Estimated home arrival time: _____

Services requested on owner's arrival date: _____

Quoted price per day: \$ _____ x Total days horse care: _____ = Total: \$ _____

Additional services (beyond std. Horse care): _____

Additional service charges per day: \$ _____ x Total days: _____ = Total addl. srvc: \$ _____

Discount for over 7 days of services: \$ _____

Subtotal: \$ _____ 4% Service Tax: _____ Grand total: \$ _____

Deposit (20%): \$ _____ Received on: _____

Start date dues (remaining 50%): \$ _____ Received on: _____

Completion dues (50%): \$ _____ Received on: _____

Emergency Contacts (local) if you cannot be reached:

Name _____ Phone: _____
Name _____ Phone: _____

Others Who Have Access to Your Horse: Names and phone numbers:

(i.e., Stable manager, farrier, veterinarian, stable workers, horse lessors, etc.):

Any Special Instructions: (Alarm Codes, Medications, Keys, Lock Combinations, etc.)

Describe Your Horse(s):

Horse(s) Name(s): 1) _____ 2) _____ 3) _____
Age: 1) _____ 2) _____ 3) _____
Breed: 1) _____ 2) _____ 3) _____
Sex: 1) _____ 2) _____ 3) _____
Known Allergies: 1) _____ 2) _____ 3) _____
Favorite toys/activities: 1) _____ 2) _____ 3) _____

Vet Preference:

Phone: _____ Location: _____
Address: _____

How would emergency vet services be covered if required? _____

Is horse secured in stall or paddock? _____

Is your horse vaccinated? Please list all vaccines for each horse or provide access to veterinary history:

1) _____
2) _____
3) _____

Your Horse's Behavior: *If multiple horses, please describe each:*

How does your horse behave when hand walked? _____

How does your horse behave on a lunge line? _____

How does your horse behave under saddle? _____

What does your horse like to spook at? _____

Horse Care Requested and Schedule:

_____ Feed hay and/or mix/feed grain, located in: _____

Times and quantities of feeding: _____

_____ Groom, clean hooves _____

_____ Check water, provide fresh water if necessary _____

_____ Muck out stall/paddock _____

_____ Turn out/bring in from paddock _____

_____ Blanketing service _____

_____ Check for injuries _____

_____ Administer medications, located in: _____

Times and doses: _____

_____ Hand walk _____

_____ Lunge _____

_____ Ride _____

Exercise locations: _____

_____ Additional requests _____

