

Arrival Date:

Departure Date:

EXERCISE CLIENT ONLY

**Outback Equine Reproduction Center
15281 Mink Road
Caldwell ID 83607**

Client Name: _____

Address: _____

Phone Number: _____ Email: _____

Emergency Contact: _____ Phone: _____

Horses Name: _____ Age: _____ Mare or Gelding (circle)

Color: _____ Is your horse currently insured? YES or NO

If insured, who is your provider? (Company name, insurance agent, phone number, etc.)

Exercise Program Options (\$250 a week including board, exercise, blanketing/unblanketing (if requested))

Select the option you feel your horse is best suited for at the start of their time here, we will develop them into higher programs as fitness levels increase.

Program 5 (Brief walk, our most limited option) Select Option: _____

5 min walk left, 5 min walk right, cool down

Program 6 (Basic leg stretch, recommended for broodmares only to get out and stretch) Select Option: _____

10 min walk left, 10 min walk right, cool down

Program 7 (Step up from level two, recommended for broodmares that need a more extensive workout) Select Option: _____

15 min fast walk/slow trot left, 15 min fast walk/slow trot right, cool down

Program 8 (recommended for the performance horse beginning to getting back in shape) Select Option: _____

10 min walk left, 5 min long trot left, 10 min walk right, 5 min long trot right, cool down

Program 9 (performance horse workout) Select Option: _____

10 min walk left, 10 min long trot left, 10 min walk right, 10 min long trot right, cool down

Program 10 (Performance horse workout extended) Select Option: _____

10 min walk left, 10 min fast trot/lope left, 10 min walk right, 10 min fast trot/lope right, cool down

(See page 2 for care instructions)

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FEED OPTIONS:

HAY: *(Circle one)* Alfalfa or Grass

GRAIN: We offer graining to our on-site horses once daily at \$5 a day for a 3QT scoop (approx 3lbs), our facility offers 3 option grain options, **please circle** the option you would prefer:

- 1. No grain*
- 2. Bluebonnet Intensify Omega Force (great for the performance horse)*
- 3. Bluebonnet Intensify Growth & Development (great for broodmares & growing babies)*
- 4. Bluebonnet Senior Care Horseman Elite (great for senior horses)*

If using owner provided grain/supplements, please list the supplement and feeding instruction below (\$2 a day to feed owner provided grain & supplements/No charge to add supplements to grain provided by Outback: _____

Does your horse have any known soundness/health issues: _____

Foot Care: If your horse will be at Outback long term and is on a strict shoeing/trimming schedule we encourage you to make arrangements with your farrier to ensure they stay on schedule and are well maintained. We have a great area for shoers to work out of, and are happy to accomidate/assist however we can. If you need recommendations, we can give you a few great farriers numbers, just ask our staff at the front office!

Vaccination Reccomendation: With the large amount of horses that are living on-site at Outback, we recommend that your horses be vaccinated at. We recommend consulting with your primary veterinarian for vaccination protocols that will fit your horse’s needs. However routine vaccinations often include, Eastern, Western, West Nile, Rhino, Flu, and Tetanus.

If you would like our veterinarian to vaccinate (6 Way) check here: _____

*The horse owner hereby releases and shall indemnify and hold Outback Equine & Embryo Transfer Center harmless from any claim, demand, or loss arising from any disease, injury or death: **Initial Here:** _____*

Horse came with: *(example: winter blanket, soft ride, etc.)*

(Our team is happy to blanket/unblanket your horse if you prefer to send a winter blanket or sheet for the cooler weather at no cost to you)

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Client acknowledges that handling, boarding and breeding large animals necessarily involves a certain amount of risk to the animal. By signing below, Client accepts all risks associated with the services to be provided by Outback hereunder, including without limitation, responsibility for any injuries, damages or death which may result from boarding, breeding, and/or transporting your mare. Client further waives, and agrees not to bring any claims against Outback, and or its owners, agents, members, employees, and/or insurers for any such injury, damage or death that may arise as a result of the services provided by Outback hereunder.

Client/Agent Signature: _____ Date: _____

Check if Applicable **TRANSPORTATION:** I hereby authorize Outback Equine Services to arrange for transportation of my mare to and from a veterinary care hospital. In doing so, I agree to indemnify, defend and hold Outback and/or the receiving veterinary care hospital harmless from any claims, damages, death, injury, expenses, costs or lawsuits arising from or related to the transportation of my mare, including without limitation attorneys' fees. For the purposes of section, the term "transportation" includes without limitation, loading, unloading and hauling my mare, whether individually or with other animals.

VETERINARY EMERGENICES: In the event your mare becomes ill, or is injured, we will make every effort to contact you for further instruction. However, in the event of an emergency, or if we cannot timely reach you or your designated agent, you may authorize us to provide veterinary care by checking below. You may limit the amount of veterinary fees that will be incurred by including a dollar amount. In all other cases, animals will be kept as comfortable as possible until the owner can provide instruction on how to proceed.

I authorize Outback to provide emergency veterinary care for my mare up to the amount of \$_____.

I do NOT authorize Outback to provide or arrange for veterinary care for my mare without specific instructions from me.

PAYMENT INFORMATION:

All balances MUST be paid prior to the time of picking up your mare, there are no exceptions. If you are not the person picking up, please make arrangements with our staff prior to arrival at 208-454-5557.

Check: _____ Credit Card: _____ Cash: _____
 Card Number: _____ Exp: _____ CVV: _____

Client/ Agent Signature: _____ Date: _____