

EXERCISE CLIENT ONLY

Outback Equine Reproduction Center

15281 Mink Road
Caldwell, ID 83607
208-454-5557

outbackequine@gmail.com

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)

You can select multiple options, if you would like to start at one, and move on to the next 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 (Athlete workout, recommended for horses that have been competing or being used extensively)

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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OFFICE USE ONLY: PEN # _____ TAG# _____ Arrival Date: _____ Departure Date: _____

FEED OPTIONS:

HAY: (*Circle one*) Alfalfa or Grass or Mix

GRAIN: We offer grain to our on-site horses once daily. Our facility offers two options, ***please circle*** the option you would prefer:

No grain Blue Bonnet Feeds: Senior or Omega

If using owner provided grain/supplements, please list the supplement and feeding instruction below _____

Does your horse have any health/soundness 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 farriers to work out of, and are happy to accommodate/assist however we can. If you need recommendations, we can give you a few great farrier numbers, just ask our staff at the front office!

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

If you would like our veterinarian to vaccinate we use a (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.***) _____

PAYMENT INFORMATION:

All balances MUST be paid prior to the time of picking up your horse, 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: _____