



Email: Outbackrehabandconditioning@gmail.com
Phone: 208-565-0601 (Call or Text)

OUTBACK EQUINE SERVICES – REHAB & CONDITIONING

15281 Mink Road
Caldwell ID 83607

DROP OFF REHAB CLIENT

Client Name: _____
Address: _____
Phone Number: _____ Email: _____
Emergency Contact: _____ Phone: _____
Registered Name: _____ Barn Name: _____
Age: _____ Circle One: Mare Gelding Stallion
Is your horse currently insured? YES or NO
If insured, who is your provider? (Company name, insurance agent, phone number, etc.)

PROGRAM OPTIONS Please INITIAL the program of choice...

If sedation is necessary for any of the modalities and/or treatment there will be a charge per round administered
We want to keep things as affordable as possible, however every horse is unique and handles the equipment and modalities differently, so for everyone’s safety and the horse’s safety we will administer as we see fit. Due to the nature of horses, they can sometimes be unpredictable, and there are risks involved in handling, working with, and treating them. By initialing below, you are accepting the risks involved in conditioning and rehabbing horses. We always strive to do our best, however it’s important to understand that even in a controlled environment, they can be unpredictable.

- 1. REHAB \$500 WEEK: _____
This program is specifically designed to help horses who are coming back from an injury or surgery that require a specialized rehab program. This program will change weekly, based on the horse’s progress. We will utilize all of the modalities at different points in the process as we see fit, including the salt spa, water treadmill, sun & relax, and the free walker. Included in this rate is the use of rehab equipment mentioned above, CEP Liniments post treatment, your choice of three Bluebonnet grains (daily) as well as hay and board.
- 2. WATER CONDITIONING \$450 WEEK: _____
This program is created for the equine athletes who are wanting to take their fitness to the next level - This program will have a heavy focus on the water treadmill, however we will utilize the salt spa, sun & relax, and the free walker into the program as we see fit. Their length of time and program will change weekly as their stamina and strength grows. Included in this rate is the use of rehab equipment mentioned above, CEP Liniments post treatment, your choice of three Bluebonnet grains (daily) as well as hay and board.
- 3. DRY CONDITIONING \$375 WEEK: _____
This program is created for the equine athletes who are wanting to maintain a consistent and healthy fitness level. This program will utilize our free walker as well as the sun & relax. Included in this rate is the use of rehab equipment mentioned above, CEP Liniments post treatment, your choice of three Bluebonnet grains (daily) as well as hay and board.



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DO YOU WANT ANY ADDITIONAL TREATMENTS OR SERVICES?

- 1. Nebulizing Treatment: _____ \$30 (Unmedicated) _____ Times Per Week
 - 2. IV Vitamin Jug: _____ \$110
- These are typically done on Thursdays, do you have a date request? _____

VETERINARIAN WHO HAS MANAGED LAMENESS/INJURY (ONLY NECESSARY FOR REHAB CASES)

Name: _____

Vet Clinic: _____

Phone Number: _____ **Please provide the best number to text updates to**

Vaccination Recommendation: With the large amount of horses that are living on-site at Outback, we recommend that they 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, West Nile, Rhino, Flu, and Tetanus.

FEED OPTIONS: HAY: *(Circle one)* Alfalfa or Grass

Circle the option you would like below (Grain is complimentary to your horses stay)

Bluebonnet	Bluebonnet	Bluebonnet	No Grain
Intensify Omega Force	Growth & Development	Horsemans Elite Senior	

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

Does your horse have any known injuries/lameness/health issues: _____

FOOT CARE: We are happy to have your farrier come to our facility for foot care, however we ask that you establish that communication and scheduling, we are happy to give you farriers numbers who we frequently work with if requested. Owner is responsible for scheduling and payment to farrier.

OWNERS INITIALS: _____



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PAYMENT DETAILS – *Card required to be on file*

\$500 Non-refundable deposit will be charged at the time of booking the initial appointment, this is a deposit to hold your spot, and will be applied to your balance at departure.

Credit Card #: _____

Exp: _____ 3 Digit Code: _____

Signature: _____ Date: _____

The remaining balance will be billed out monthly, or at the time of the horse's departure. Balance must be paid in FULL at the time of departure. If you (the owner or agent) are not the one picking up, you must arrange for payment before the horse departs, or the card on-file will be ran.

Client acknowledges that handling, boarding, and working with large animals necessarily involves a certain amount of risk to the animal. By initialing below, you, the client or agent 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, rehabilitation equipment/conditioning and/or transporting your horse. 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.

Initial Here: _____

I hereby authorize Outback Equine Services to arrange for transportation of my horse to and from a veterinary care hospital if needed. 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 horse, including without limitation attorneys' fees. For the purposes of section, the term "transportation" includes without limitation, loading, unloading, and hauling my horse, whether individually or with other animals.

I do NOT authorize transportation of my mare by Outback Equine Services **EMERGENICES:** In the event your horse 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 seek emergency veterinary care for my horse up to the amount of \$_____.

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

Initial Here: _____



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CONSULT NOTES (FOR STAFF) Goals, medical notes, etc.

Staff Member's Initials: _____ Date: _____