 OFFICE USE ONLY: PEN#_____TAG#_____ Arrival Date:_____Departure Date:_____

EXERCISE CLIENT HORSE

**Outback Equine Reproduction Center**
15281 Mink Road
Caldwell, ID 83607
208-454-5557
outbackequine@gmail.com

Client Name:_____Client Date of Birth _____/_____/_____
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 this 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)
SelectOption:_____ 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

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**FEED OPTIONS:**

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

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,.

The Owner acknowledges that all equine exercise, conditioning, and maintenance programs carry inherent risks. Owner agrees to release, indemnify, and hold harmless Outback Equine Stallion Station & Embryo Transfer Center, including its owners, agents, and employees, from any claim, demand, or loss arising from or related to any illness, injury, or death of the horse while participating in exercise, conditioning, or care provided by Outback.: 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:_____