

I CONSENT TO ALLOW ROBIN BAILEY HORSEMANSHIP TO USE PHOTOS/VIDEOS OF MYSELF/MY HORSE FOR PROMOTIONAL PURPOSES.

_____INITIAL

ROBIN BAILEY HORSEMANSHIP



Creating partnerships . . . one hoof at a time.

OWNER'S NAME:
()

CELL PHONE
()

HOME PHONE
()

WORK PHONE

ADDRESS

CITY, ST ZIP CODE

EMAIL ADDRESS

ALTERNATE EMERGENCY CONTACT:

RELATIONSHIP TO OWNER:
()

CELL PHONE

ALTERNATIVE CONTACTS

PRIMARY VETERINARIAN:
()

PHONE

PRIMARY FARRIER:
()

PHONE

ALL EQUINE MUST HAVE UP-TO-DATE IMMUNIZATIONS, A CURRENT BRAND INSPECTION AND BE PROPERLY SHOD/TRIMMED. ROBIN BAILEY HORSEMANSHIP WILL IMMEDIATELY CONTACT THE ABOVE-ENTITLED OWNER CONCERNING ANY ISSUES REQUIRING MEDICAL CARE OR TREATMENT FOR THE EQUINE. OWNER HEREBY AUTHORIZES, BY HIS/HER SIGNATURE BELOW, ROBIN BAILEY HORSEMANSHIP HAS PERMISSION TO ACQUIRE PROFESSIONAL SERVICES TO MAINTAIN THE WELL-BEING AND/OR PROVIDE EMERGENCY MEDICAL TREATMENT FOR THE EQUINE. FURTHER, OWNER AGREES TO BE RESPONSIBLE FOR ALL SUCH COSTS, AND TO INDEMNIFY AND HOLD HARMLESS ROBIN BAILEY HORSEMANSHIP, FOR COST(S) INCURRED FOR SERVICES SOUGHT OR RENDERED TO MAINTAIN THE HEALTH AND WELL-BEING OF THE EQUINE.

_____INITIAL

MEDICAL INFORMATION

PLEASE LIST YOUR HORSES MEDICAL HISTORY:

_____ DATE OF LAST WORMING _____ DATE OF LAST TRIM/SHOD _____ DATE OF LAST VET EXAM

_____ DATE OF LAST VACCINATIONS _____ DATE OF LAST TEETH-FLOATING

DESCRIPTION OF HORSE

GELDING MARE STALLION (CIRCLE ONE)

HORSE NAME AGE COLOR/MARKINGS

BREED REGISTRATION # IS YOUR MARE PREGNANT? YES/NO

ALLERGIES/SPECIAL HEALTH CONSIDERATIONS

IF YOUR HORSE WAS PERFECT FOR YOU, SHE/HE WOULD BE ABLE TO DO WHAT?

WHAT ARE YOUR GOALS FOR YOU AND YOUR HORSE? (PLEASE LIST ALL OF THEM, NO MATTER HOW HIGH)

SHORT TERM GOALS:

LONG TERM GOALS:

HOW MANY DAYS/HOURS PER WEEK ARE YOU ABLE TO DEDICATE TO YOUR HORSES EDUCATION?

WHO WILL BE RIDING YOUR HORSE?

WHAT IS YOUR EXPERIENCE LEVEL WITH HORSES? BEGINNER INTERMEDIATE ADVANCED

WHAT IS YOUR RIDING LEVEL? BEGINNER INTERMEDIATE ADVANCED

I/WE, AM/ARE THE OWNER(S), RIDER(S), GUARDIAN(S) AND/OR PARTICIPANT(S) HEREIN REFERENCED, AND BY WAY OF MY/OUR SIGNATURE STATE THAT I/WE AM/ARE AWARE AND ACKNOWLEDGE THE INHERENT RISKS ASSOCIATED WITH ANY EQUINE RELATED ACTIVITY. THE ABOVE-MENTIONED INHERENT RISKS INCLUDE, BUT ARE NOT LIMITED TO, (I) THE PROPENSITY OF AN EQUINE TO BEHAVE IN DANGEROUS WAYS THAT MAY RESULT IN INJURY, HARM, OR DEATH TO A PARTICIPANT, EQUINE PROFESSIONAL, EQUINE OR BYSTANDER, (II) THE INABILITY TO PREDICT AN EQUINE'S REACTION TO SOUND, MOVEMENTS, OBJECTS, PERSONS OR ANIMALS, (III) COLLISIONS WITH OTHER ANIMALS OR OBJECTS, AND (IV) THE POTENTIAL OF A PARTICIPANT TO ACT IN A NEGLIGENT MANNER THAT MAY CONTRIBUTE TO THE INJURY OF OTHERS, INCLUDING THE EQUINE, SUCH AS FAILING TO MAINTAIN CONTROL OVER THE EQUINE OR NOT ACTING WITHIN HIS/HER ABILITY. AS SUCH I/WE, AS THE OWNER(S), RIDER(S), GUARDIAN(S) AND/OR PARTICIPANT(S), AND ANY OF MY/OUR SUBSEQUENT SUCCESSORS, ASSIGNS OR AGENTS HEREBY AGREE TO HOLD ROBIN BAILEY HORSEMANSHIP (AND ALL OF ITS SUCCESSORS, ASSIGNS, OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS) COMPLETELY HARMLESS AND NOT LIABLE, AND RELEASE THEM FROM ALL LIABILITY WHATSOEVER. FURTHER, I/WE AGREE NOT TO SUE ROBIN BAILEY HORSEMANSHIP ON ACCOUNT OF, OR IN CONNECTION WITH, ANY CLAIMS, CAUSES OF ACTION, INJURIES, DAMAGES, JUDGMENTS, COSTS OR EXPENSES, INCLUDING ATTORNEY'S FEES, WHICH ARISE FROM MY/OUR UTILIZATION OF THE GOODS, SERVICES OR PREMISES PROVIDED BY ROBIN BAILEY HORSEMANSHIP. INITIAL

COMMENTS:

OWNER'S SIGNATURE DATE