

SANCTUARY

AT HAPPY'S DREAM RANCH

Equine Rest, Rehab, and Retirement

Registration Form

Name of Applicant Date _____

Address

Signature of Applicant Phone _____

Email address

HORSE INFORMATION

Name: _____ Age: _____

Breed: _____ Color: _____

Height: _____ Gender: _____ Registered: _____

Tattoos and Markings: _____

Temperament (1 to 10 with 1 being the calmest): _____

Special Needs: _____

A detailed description of any illness (past or current) _____

FEED Bermuda Grass Yes No Alfalfa Yes No
Supplements _____

BLANKET Yes No SHOES REMOVED Yes No

REQUIREMENTS Prior to Arriving at STABLE

Current Health Certificate, Proof of Current Vaccinations, Negative Coggins, Current Tetanus, Worming and a Current Copy of Proof of Insurance (if applicable)

REQUIREMENTS While Living at the Sanctuary

Routine Farrier Care, Routine Worming, Routine Semi-Annual Vaccines

QUESTIONS

Does your horse have any known allergies? _____ Yes _____ No

If yes, please explain _____

Has your horse ever lived in or has been turned out in a grass pasture with other horses?

_____ Yes _____ No If yes, please describe your horse's personality and temperament with other horses _____

Does your horse have any special shoeing issues and/or requirements? _____ Yes _____ No

If yes, please describe _____

Please list the names and phone numbers of the persons you are giving authorization to visit your horse _____

the life your horse dreams about ...