

**AGISTMENT WAITLIST APPLICATION FORM**

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| **Applicant Details (Parent/ Guardian)** | |
| Name |  |
| Address |  |
| Phone Number |  |
| Email |  |
| Applicant (Parent/Guardian) - PCAQ Membership Number if held |  |

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| **Rider Details (if under 18 years old/ if different from Applicant)** | |
| Name |  |
| Age |  |
| Rider PCAQ Membership Number if held |  |

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| **Horse/ Pony Details** | |
| Name |  |
| Age |  |
| Sex |  |
| Height |  |
| Breed |  |
| Colour |  |
| Microchip Number |  |
| Hendra Vaccination Date (attach certificate) |  |
| Stranges/ Tetanus Vaccination Date |  |
| Latest wormer treatment date |  |
| Latest dental treatment date |  |
| Details of any existing injuries or ailments |  |
| Details of any vices or bad habits |  |

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| **Contacts** | |
| Vet  Phone number |  |
| Dentist  Phone number |  |
| Farrier  Phone number |  |
| Alternative responsible person name  Phone number  Email |  |
| Emergency contact person name  Phone number  Email |  |

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| **Experience and information** | |
| Are you an existing or past member of a pony club? If so, please provide details of which club. |  |
| Is this your first horse/ pony, and how long have you owned your horse/ pony? |  |
| How many years riding experience do you have? |  |
| What activities are interested in participating in?  e.g. Muster days, Clinics, Ribbon days, Lessons, Competitions, Gymkhanas, Open days  Do you intend to attend any other equestrian events?  E.g. Inter-School. Non-Pony Club Clinics, Competitions or events, EA Events or Competition, Other |  |
| Why did you decide to apply to Southside Pony Club for agistment? |  |
| Date you wish Agistment to start |  |
| Where is your horse currently agisting? |  |
| SSPC agistment paddocks are intended as turnout only and can’t be relied upon as a source of grass / feed. Your horses diet will need to be supplemented with roughage / hay. Please comment / indicate your acceptance of this. |  |
| Agistment at SSPC is self-care, horses and paddocks (removal of manure, clean supply of water etc) must be tended to daily. We do not offer part-care or solutions should you not be in a position to tend to your horse on a given day. Please comment / Indicate your acceptance of this. |  |
| Do you intend to attend SSPC Musters and events while waiting for Agistment? |  |
| All SSPC organised activities are held at external Pony Clubs or riding facilities. Do you have a float or access to transport for your horse (i.e. to musters, events or competitions)? |  |
| Please provide any other relevant information in support of your application. |  |

I wish to agist the horse/ pony noted on this waitlist application at Southside Pony Club.

I confirm -

* Signatory is over age of 18.
* I have read SSPC by-laws and Code of Conduct available on the SSPC Website under Useful Forms and Links.
* I understand should an agistment spot become available I must ensure I actively participate in, or by riding, instructing, or judging at least 60% of SSPC Musters including ‘’wet musters’’ or Zone 1 riding events, and participate in a minimum of four (4) Club activities including, but not limited to fundraising activities and SSPC working bees.
* Owners must represent SSPC at a minimum of six (6) formal Zone 1 Pony Club riding events during 1 calendar year – these include, but are not limited to –
  + A competition where riders represent SSPC in formal uniform
  + A clinic run but another Zone 1 Pony Club.
  + A Pony Club instructor training assessment day where the member participates in riding demonstrations.
  + A Pony Club certificate assessment day where the rider is being assessed in order to obtain a PC certificate.

I hereby agree to abide by the terms and conditions of the Southside Pony Club By-Laws, and Agistment Agreement which have been shared with me to understand my responsibilities.

I understand that this application does not guarantee an Agistment placement at SSPC and if approved I will be placed on the waiting list and advised of when a position becomes available.

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| Name |  |
| Signed |  |
| Date |  |

**Office Use Only**

**Approved:**

|  |  |
| --- | --- |
| Name |  |
| Signed |  |
| Position |  |
| Date Approved |  |
| Notes |  |