

NEW BOARDER CHECK LIST AND ORIENTATION

Boarder's Name:			
Address:			
Phone:	Email:		
Emergency Contact Name:	F	Phone:	
Horse's Name:	Breed:	Sex:	Age:
Stall/Corral # Assigned:	First Date of Boa	arding:	
Preferred Feed (Hay) – Note that monthly types of hay. These can be fed as owners be fed with a premium supplement fee. Programme of the premium supplement fee.	desire throughout the day. Premiu	m hay including Teff , Time	othy and Orchard can
AM:			
Lunch:			
PM:			
Will you have our Ranch Hands feed your	r horse daily grain or supplements?	Yes No	
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If yes on grain and supplements, what tim	e of day should they feed and shou	ld they add water?	
Special Needs/Requests/Notes:			
Checklist:			
Release of Liability Waiver			
Boarding Agreement			
Boarding Agreement – Exhibit A	A Completed and Returned		
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	ealth Certificate - Required vaccina Eastern and Western Encephalomy		e hernesvirus -FHV
	Fee and New Stall Deposit of \$250		e nerpesvirus Enr
Preferred Method of Payment: Check	VENMO/ZELLE	ACH Transfer	Credit Card 3%
MANAGEMENT/ OFFICE USE:			
Feed preference & stall/corral # p	posted on white board for Ranch Ha	ands	
Feed color code tape applied to as	ssigned stall/corral		
Feed change noted in QuickBook	as billing for month (when applicab	le)	
Management Initials:	Date:		