

NEW CLIENT AND HORSE INFORMATION

The Oaks at Westridge Farms
24422 State Highway 71 W
Austin, TX 78669
westridgefarmsatx@gmail.com

BILLING INFORMATION:

Name (first & last):

*Billing Email:

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Billing Address:

Billing Phone Number:

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City:

State:

Zip:

**All invoices will be EMAILED by the 5th of every month, due on the 15th. A late charge of \$50 will be applied for any payment received after the 15th. Accounts can be paid through PayPal using the email address above. Checks payable to Westridge Farms.*

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RIDER INFORMATION: (Only needed if different than Billing)

Rider Name: (first & last)

Rider Phone Number:

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Rider Email:

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Emergency Contact Name: (other than bill payer)

Phone Number:

Relationship:

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HORSE INFORMATION: (if bringing more than one horse to The Oaks, please ask for additional horse page(s)).

Barn Name:

Show Name:

Date of Birth:

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Breed:

Color:

Height:

Gender:

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Brands and/or Tattoo's:

Microchip Number:

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*Date of Last Coggins:

*Date of Last Vaccination:

What was given?

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**No horse will be admitted on the property without a copy of their current Coggins AND a vaccine letter.*

Current Feed & Schedule:

AM: _____

PM: _____

Is your horse on any supplements: YES NO

Is this horse a candidate for surgery: YES NO

Will you be wanting blanketing service. Additional Charge. YES NO

Last Name of Bill payer: _____

NOTES: *(Please provide us with any information about notable behaviors, allergies, conditions and/or injuries)*

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***TRANSPORTATION:**

Date of Arrival:	Time:	Who will be providing transportation:

**The Oaks is happy to provide any transportation needed, please contact us for a quote!*

The Oaks is happy to include all horses with the routine activities of the training barn such as vet and farrier visits. Please fill out the following if such services are wanted. Additional charges may apply.

Will you be using your own vet or farrier? If so, please list their name and phone number:

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Date of Last Shoeing:	Notes:

Date of Last Dewormer:	Date of Last Dental/Float:	Injections: <i>(please list if applicable)</i>

Is this horse on any medications? Please list what, how much and when:

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A La Carte Services Requested:

- Blanketing
- Administering Medications
- Lounging
- Training and/or Lessons
- Alfalfa
- Clipping/Mane pulling
- Sales
- Handling for Vet/Farrier
Appointments
- Trailer Parking

OFFICE USE ONLY:

- Copy of Coggins and vaccination letter received.
- Signed Boarding Agreement
- Signed Release of Liability
- Signed all rider(s) with Release of Liability
- Signed Rules & Regulations and current Pricing Sheet
- Contact with pervious trainer/boarder (if applicable)
- Entered into QuickBooks and Stable Secretary
- Added to Feed Chart and informed Grooms.
- Transportation secured and communicated.
- Deposit and first months board received.
- Pasture Number: _____

THE OAKS - NEW HORSE ON PROPERTY

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Show Name:

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Is this horse a candidate for surgery: YES NO

Will you be wanting blanketing service. *Additional Charge.* YES NO

NOTES: *(Please provide us with any information about notable behaviors, allergies, conditions and/or injuries)*

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Date of Arrival:

Time:

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