



# SUPERSTITION STABLES LLC

## *Horse Health Requirements*

Each horse owner must provide proof of the following prior to a new horse arriving on Superstition Stables LLC ("Superstition") property (horse currently boarded at facility are also responsible for updating the following at Boarders expense);

- Proof of negative Coggins Test within the last 12 months or proof horse has been within the State of Arizona for the last 2 years.
- Proof of Influenza (used to prevent nasal and some viral nasal conditions) & Rhinopneumontis (used to prevent colds).
- Proof of Stangless vaccine in the last 12 months and Rabies.
- Proof of West Nile vaccine and Tetanus, Equine Encephalomyelitis-Eastern & Western (used to prevent sleeping sickness) in the last 12 months.
- Proof of deworming in the last 3 months or proof the horse is currently on a daily dewormer program.  
Superstition requires that horses are continually dewormed every 3 months (receipt from vet or dewormer box with date horse was dewormed and receipt of purchase to Superstition office.) Horses on daily dewormer program must provide proof from a veterinarian and a copy of receipt of purchase.

**TENANT OWNED FEED:** (hay, alfalfa, pellets or grain) It is the tenant's responsibility to see to it that the feed is kept dry, (free from mold) secure, (safe from predators) and available for us at Superstition to feed. It is the tenant's responsibility to check your hay especially for mold as it is our responsibility to feed, as per your instructions. If we see mold, we will set the hay aside. If, however, the bale has mold on the inside, we may not know it until the horse has picked through it. Therefore, in feeding your feed, it is the tenants responsibility to make sure it is safe for feeding.

***Please also note the following:***

- Owners are responsible to provide for the administration of requires vaccines and to update Superstition's health records once a year
- Owners are responsible to provide shoeing, trimming, teeth floating and general humane care of said horse(s).
- Proof of horse ownership.

**BOARDER:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**HORSE INFORMATION:**

1. Name of Horse(s) being boarded at Superstition: \_\_\_\_\_ Age: \_\_\_\_\_

Horse Breed: \_\_\_\_\_ Gender: \_\_\_\_\_

Description/Markings: \_\_\_\_\_

2. Name of Horse(s) being boarded at Superstition: \_\_\_\_\_ Age: \_\_\_\_\_

Horse Breed: \_\_\_\_\_ Gender: \_\_\_\_\_

Description/Markings: \_\_\_\_\_

3. Name of Horse(s) being boarded at Superstition: \_\_\_\_\_ Age: \_\_\_\_\_

Horse Breed: \_\_\_\_\_ Gender: \_\_\_\_\_

Description/Markings: \_\_\_\_\_

4. Name of Horse(s) being boarded at Superstition: \_\_\_\_\_ Age: \_\_\_\_\_

Horse Breed: \_\_\_\_\_ Gender: \_\_\_\_\_

Description/Markings: \_\_\_\_\_

*Proof of Ownership:* \_\_\_\_\_

*If Boarder is not the owner of the horse being boarded at Superstition, please provide Superstition Stables with a signed letter allowing use by the Boarder from Owner (including contact information of Owner) or a copy of a lease.*

Is the Boarder familiar with the horse?      Yes      No

Does this Horse have any adverse reactions or behaviors?      Yes      No

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does this Horse have any existing or past injuries and conditions (including scars, discolorations, etc.) if so, please

list in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HORSE INFORMATION Cont.:**

Horse Insurance Agency Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Any Special Instructions on Feed, Supplements, Handling, Allergies, Special Care, etc.?      Yes      No

Please list: \_\_\_\_\_

\_\_\_\_\_

Hay Preference: (Please indicate the number of flakes per day)

AM:    Grass \_\_\_\_\_ Alfalfa \_\_\_\_\_

PM:    Grass \_\_\_\_\_ Alfalfa \_\_\_\_\_

Veterinarian Name & Phone Number: \_\_\_\_\_

Local Veterinarian Name & Phone Number (if different from above): \_\_\_\_\_

Alternate Local Veterinarian Name & Phone Number: \_\_\_\_\_

Farrier Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list any other people that are entrusted to handle or care for your Horse and their relation (exerciser, caretaker, friend, lessee, lessor, etc.) and their Phone Number(s):

\_\_\_\_\_

\_\_\_\_\_

Who worms your Horse (you, vet, trainer, etc.)?: \_\_\_\_\_

Is your horse on a daily wormer? (If so, veterinarian confirmation is requested): \_\_\_\_\_

Horse Trailer make/model/license plate #/color: \_\_\_\_\_

\_\_\_\_\_

Preferred Emergency Protocol for Colic or Injury: \_\_\_\_\_

\_\_\_\_\_