PEGASUS
THOROUGHBREDS

7620 260th Avenue NE, Redmond, WA 98053
(425) 898-1060 Phone (425) 898-1066 Fax

REHABILITATION ADMISSION FORM

Please complete and return by fax or bring completed form with you upon arrival at Pegasus

1. HORSE INFORMATION

Name of Horse: _____

Sex: _____ Breed: _____ Age: _____ Color: _____

Expected Date of Arrival: _____/_____/_____ Approximate Time: _____ AM PM

Is the horse covered by insurance? YES NO If yes, carrier information: _____

Will you be submitting your bill to your insurance company for reimbursement? YES NO

Where has the horse resided the past 30 days? Please also list any competitions attended: _____

_____

How did you hear about Pegasus? _____

2. OWNER INFORMATION

Owner Name(s): _____ Home Phone: _____

E-mail Address:_____ Cell Phone: _____

Address: _____ City: _____ ST: _____ Zip: _____

Trainer/Farm Manager: _____ Contact Number: _____

E-mail Address: _____

Credit Card Number: _____ Exp. Date: _____ 3 Digit Security Code:_____

Visa Master Card American Express

I, _____, do hereby authorize Pegasus Thoroughbred Training Center, LLC to charge the aforementioned credit card in the event that I do not send payment within 45 days of receipt of a bill.

Signature: _____ ***Date:*** _____

3. VETERINARY INFORMATION

Referring Veterinarian: _____

Clinic: _____ Location: _____

Phone Number: _____ Cell Number: _____

E-mail: _____

Hospital preference in case of emergency (Pilchuck Veterinary Hospital is the closest to Pegasus):

Name: _____ Phone Number: _____

4. HEALTH INFORMATION

Please list all immunizations and worming information for the past 6 months, including the date given:

_____
_____
_____
_____

Please attach a copy of negative Coggins report (within 12 months) – only applicable for horses coming from out of state

Any known allergies? _____ Date of last farrier visit: _____

Name of Farrier: _____ Contact Number: _____

Vices: Cribbing Weaving Kicking Biting Other: _____

Has the horse had any fevers, nasal discharge, cough, or other health concerns in the past 30 days? If so, please list:

_____
_____

Please list the details of your horse's injury (including date of injury), rehabilitation needs, and any treatments thus far:

_____
_____
_____
_____
_____

5. FEED AND MEDICATION INFORMATION

Please list any medications or supplements your horse is currently taking:

Medication/Supplement **Dosage** **Frequency** **Method (mouth, vein,etc.)**

_____
_____
_____

What type of hay would you like your horse to get? Grass Timothy

# of Flakes AM: _____ # Post Exercise_____ # Lunch: _____ # of Flakes PM: _____

What type of grain would you like your horse get? **Purina Ultium** or will you be providing your own?

Amount of grain fed AM: _____ Lunch: _____ PM: _____

Any special feed requirements or notes: _____

6. CONSENT INFORMATION

In an emergency, every attempt will be made to notify the owner first. If we are not able to reach you, we will first attempt to contact a veterinarian from the list you have provided. If we are unable to reach your chosen veterinarian, we will contact a veterinarian of our own choosing. Please indicate the maximum amount you are willing to authorize us to spend on your behalf for emergency medical treatment.

Horse's Name: _____

I, _____, do hereby authorize Pegasus Thoroughbred Training Center, LLC to spend up to $ _____.00 on emergency medical treatment for the above listed horse. I understand that I am responsible to pay the necessary veterinarian and/or veterinary clinic for providing such emergency services, and release Pegasus Thoroughbred Training Center, LLC, its employees, or agents from any responsibility in the payment of debt incurred on my behalf.

Signature: _____ Date: _____

Owner or Parent/Guardian Signature (must be over 18 years of age)