



# PEGASUS

THOROUGHBREDS

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Phone (425) 898-1060 Fax (425) 898-1066  
info@pegasustrainingcenter.com

## REHABILITATION ADMISSION FORM

Please complete this form and email or fax it to our office BEFORE horse's arrival at Pegasus

### 1. HORSE INFORMATION

Name of Horse: \_\_\_\_\_ Profession: \_\_\_\_\_

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/Lessee Name(s) \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Trainer/Farm Manager: \_\_\_\_\_ Contact Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you leasing this horse? YES NO

Owner Name(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Who is responsible for the horse's rehabilitation bills: Owner Lessee

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_

*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) – **\*Required for ALL horses-local and 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please email or fax referring veterinarians report(s) and all related health information prior to patient's arrival**

#### 5. FEED AND MEDICATION INFORMATION

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

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

\_\_\_\_\_

What type of hay would you like your horse to get? **Alfalfa** and/or **Timothy**

# of Flakes AM: \_\_\_\_\_ # Post Exercise \_\_\_\_\_ # Lunch: \_\_\_\_\_ # of Flakes PM: \_\_\_\_\_

What type of grain would you like your horse get? **Purina Ultium** and/or **Purina Omolene**

OR will you be providing your own?

Amount of grain fed AM: \_\_\_\_\_ Post Exercise \_\_\_\_\_ 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)*

# Equine Model Release



## Model Information

Owner Name: \_\_\_\_\_ Model Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ Alternate Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

## Project Details: Name, Images and Likeness of said Model for use in:

- ❖ Brochures
- ❖ Flyers/Posters
- ❖ Magazine
- ❖ Direct Mail
- ❖ Newsletters
- ❖ TV Commercials
- ❖ Training Videos
- ❖ Website
- ❖ Social Media (Facebook, Instagram, Twitter, etc.)

## Terms and Conditions

1. I release Pegasus Thoroughbreds and affiliated production agent(s) from any and all claims that I may have with respect to my participation (and/or the participation of the model named below) in the photography and/or video filming for Pegasus Thoroughbreds advertising material which may include: brochures, flyers, posters, magazines, direct mail, newsletters, tv commercials, training videos, website, Social Media, etc.
2. I also hereby grant consent to and authorize Pegasus Thoroughbreds and affiliated production agent(s) the absolute right and permission to photograph and/or video tape the model listed below, and use, reuse, publish and republish any and all images of the model without further compensation to me.
3. All photographs and video taken shall constitute the property of Pegasus Thoroughbreds solely and completely.
4. I also give Pegasus Thoroughbreds, affiliated production agent(s), and hired writer(s) permission to use the model's likeness person, story, and/or picture for use with articles or other print magazines.
5. I further understand that Pegasus Thoroughbreds, affiliated production agent(s), and hired writer(s) have the right to edit my interview as needed and that there will be no financial payment or other remuneration to myself, either for initial or subsequent transmission or for reprint. I understand that ownership of the interview remains solely with Pegasus Thoroughbreds and that Pegasus Thoroughbreds holds the copyright, which includes any and all rights to grant permission for its use.

Name of Model: \_\_\_\_\_

## Signatures:

By my signature below I understand and agree to the above terms and conditions.

\_\_\_\_\_  
Printed Name of Owner/Agent of Model

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner/Agent of Model

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Pegasus Representative

\_\_\_\_\_  
Date