



# PEGASUS

TRAINING & REHABILITATION

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

For your convenience, please save this blank form to your computer, then complete it, allowing typed data to be saved.

## REHABILITATION ADMISSION FORM

*Please complete this form and email/fax it to our office BEFORE horse's arrival*  
Owners are responsible for loading/unloading their horse(s) upon arrival to/departure from Pegasus Property  
For arrivals/departures after normal business hours (Monday – Friday 7:00 am – 4:00 pm)  
Please call Brennan Tweedy at (425) 210-9872

### 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 Name(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Trainer/Farm Manager: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**ATTENTION:** Account Balance MUST be paid prior to horse's departure. Please provide credit card information below. Card will be run on the day of departure for the balance owed.

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

**I hereby Authorize Pegasus Training and Rehabilitation LLC to run the aforementioned credit card:**

**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:

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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:

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

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**Please email/fax referring veterinarian's 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.)
_____	_____	_____	_____
_____	_____	_____	_____

Please select Hay preference: **Alfalfa** and/or **Timothy**  
# of Flakes AM: \_\_\_\_\_ # Post Exercise \_\_\_\_\_ # Lunch: \_\_\_\_\_ # of Flakes PM: \_\_\_\_\_

Please select Grain preference: **Purina Ultium** and/or **Purina Omolene**  
OR will you be providing your own?

Amount of grain fed AM: \_\_\_\_\_ Post Exercise \_\_\_\_\_ Lunch: \_\_\_\_\_ PM: \_\_\_\_\_

Special feed requirements or notes: \_\_\_\_\_

#### 6. CONSENT INFORMATION

*In case of an emergency, every attempt will be made to notify the owner first. If we are unsuccessful we will attempt to notify the veterinarian named in Section 3. If we are unable to contact the named veterinarian we will contact a veterinarian of our choosing. Please indicate the maximum dollar amount authorized 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 (must be over 18 years of age)*