



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

ATTENTION: Account Balance MUST be paid prior to horse's departure. We accept Cash, Check, and Credit Card. **There is a 3% Transaction Fee on Credit Card Payments.** Please provide Credit Card information below, if Cash or Check is not presented on day of departure, Credit Card will be run for the balance owed + 3% Transaction Fee.

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.)
_____	_____	_____	_____
_____	_____	_____	_____

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

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

Select the type of grain for your horse: **Haystack Special Blend** **Ultium Gastric Care** **Purina Senior**

*Any other feed can be ordered and billed at cost, or you can provide 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: _____

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