



PEGASUS

TRAINING & REHABILITATION

7620 260th Avenue NE, Redmond, WA 98053
(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 the Office at (425) 898-1060

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:

Please attach a copy of negative Coggins report (within one year) *** 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/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)