

**HARDY FARMS, INC.**  
**NEW HORSE/BOARDER INFORMATION**

*PRINT CLEAR & NEAT PLEASE*

OWNERS NAME: \_\_\_\_\_ STALL# / PASTURE: \_\_\_\_\_

DRIVER LICENSE#/STATE: \_\_\_\_\_

HORSE NAME: \_\_\_\_\_ BREED: \_\_\_\_\_

COLOR/MARKINGS/BRANDS/SIZE/ANY SPECIAL MARKS: \_\_\_\_\_  
\_\_\_\_\_

VETERINARIAN: \_\_\_\_\_ PHONE#: \_\_\_\_\_

BLACKSMITH/FARRIER: \_\_\_\_\_ PHONE#: \_\_\_\_\_

DOES YOUR HORSE HAVE BACK SHOES OR SLIDE PLATES: \_\_\_\_\_

HARDY FARMS TO WORM: YES \_\_\_\_\_ NO \_\_\_\_\_ \$15 INCLUDES WORMER

DAILY WORMER: YES \_\_\_\_\_ NO \_\_\_\_\_

**CONSENT FOR VETERINARY SERVICES**

I, THE OWNER, in conjunction with the agreement between myself and Hardy Farms, for the boarding of my horse/pony understand that it may, from time to time be necessary that veterinary examination, treatment or consultation be provided. In the event that Hardy farms does not receive proof of vaccination, I release all vet records to Hardy Farms for their files. Hardy Farms may consult with your veterinarian of record to obtain such information. In the absence of specific written instruction to the contrary, I hereby authorize the farm to act as my agent on the arrangement for such services with a licensed veterinarian. Further, I agree to be responsible for the payment of all fees incurred this payment to be made directly to the doctor. While I may list a preferred veterinarian above, should that doctor be unavailable, the farm may call the doctor of its choice.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Dated

HALTER OFF IN THE STALL: YES \_\_\_\_\_ NO \_\_\_\_\_ (If Yes, you must have a Clip-Halter)

FEED AMOUNT: HAY: \_\_\_\_\_ GRAIN: \_\_\_\_\_ (PER FEEDING)

SPECIAL FEED: \_\_\_\_\_

IF INSURED? NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_

WHEN IS YOUR HORSE OK TO GET TURNED OUT AFTER IT ARRIVES: \_\_\_\_\_

HAS YOUR HORSE BEEN ON GRASS PASTURE BEFORE/CURRENTLY \_\_\_\_\_