



STONEWALL EQUINE REHAB & FITNESS, LP.

485 Fulton Ranch Road

Stonewall, TX 78671

Phone: 830-644-2001 FAX: 830-644-2003

stonewallequinerehab.com wecare@stonewallequinerehab.com

Dr. Kurt Harris, Resident Veterinarian

SERF ADMISSION FORM

Please complete this form and email (wecare@stonewallequinerehab.com) or fax (830.644.2003) to our office along with a copy of the registration papers, the referring vet's report and all applicable health information and forms (listed below) BEFORE arrival at SERF. Thank You.

*For arrivals or departures before/after normal business hours (M-F, 7am - 4pm)
please call SERF at 830-644-2001.*

SERF DOCUMENT CHECKLIST

- SERF Boarding Client Agreement
- Copy of horse's registration papers
- Referring vet's report (Previous treatment protocols, current medications, supplements, etc.)
- Negative Coggins report (within 6 months)
- Special feed/supplement requirements and/or notes
- Current Emergency Contact information
- Release of Horse to Authorized Individual (If not the Owner)

OWNER

Owner Name: _____ Home Phone: _____
Email: _____ Cell Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Trainer/Farm Manager: _____ Contact #: _____
Email: _____

HORSE INFO

Name: _____ Reg #: _____
Sex: _____ Breed: _____ Age: _____ Color: _____
Date of Arrival: _____ Time: _____ am/pm Profession: _____
Is the horse covered by insurance? _____
Insurance Carrier Information: _____
Where has the horse resided the past 30 days? _____
Competitions Attended: _____

How did you hear about SERF?

VETERINARY INFORMATION

Referring Veterinarian: _____
Clinic: _____ Location: _____
Clinic Phone: _____ Clinic Cell/Emergency: _____
Clinic/Veterinarian Email: _____
Hospital preference in case of emergency (Pedernales Veterinary Center is the closest to SERF)
Name: _____ Phone: _____

HEALTH INFORMATION

Please list all immunizations and worming information for the past 6 months. **Include date treatment was given.**

<input type="checkbox"/>	EWT	DATE	_____	<input type="checkbox"/>	Influenza	DATE	_____	<input type="checkbox"/>	Rhinopnuemonitis	DATE	_____
<input type="checkbox"/>	Rabies	DATE	_____	<input type="checkbox"/>	West Nile	DATE	_____	<input type="checkbox"/>	Deworming	DATE	_____

Please attach a copy of negative Coggins report (within 6 months)

Any known allergies? _____ Date of last farrier visit: _____
Name of farrier: _____ Farrier Number: _____
Vices (circle): 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 details of your horse's injury (including date of injury), rehabilitation needs, and any treatments thus far:

FEED AND MEDICATION INFORMATION

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

<u>Medication/Supplement</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Method (mouth, vein, etc.)</u>
_____	_____	_____	_____
_____	_____	_____	_____

What type of hay would you like your horse to get? Alfalfa Coastal Both (Circle One)

Amount/Time to Feed Hay:

<u># Flakes AM</u>	<u># Flakes Post Exercise</u>	<u># Flakes Lunch</u>	<u># Flakes PM</u>
_____	_____	_____	_____

SERF feeds Purina Omolene 300. Will you be providing your own grain? _____

If so, what? _____

Amount/Time to Feed Grain:

<u># AM</u>	<u># Post Exercise</u>	<u># Lunch</u>	<u># PM:</u>
_____	_____	_____	_____

Any special feed requirements or notes: _____

CONSENT INFORMATION

In an emergency, every effort will be made to notify the owner first. If we are not able

Horse's Name: _____ Reg#: _____

I, _____, do hereby authorize Stonewall Equine

Rehab & Fitness, LP. to spend up to \$_____.00 on emergency medical treatment for the above listed horse. I

understand that I am responsible for payment of necessary veterinarian and/or veterinary clinic for providing such emergency services, and release STONEWALL EQUINE REHAB & FITNESS, LP., its employees, and/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)

WAIVER

I understand that the services provided are not at the discretion of a veterinary diagnosis, unless the patient has a direct veterinary referral. I also understand there is always risk when operating these services and even greater risks when the animal behavior is not conducive to the activity. I agree that if the threatening animal behavior results in any form of injury to itself that the STONEWALL EQUINE REHAB & FITNESS, LP. (hereafter referred to as SERF), is not responsible. SERF has the authority to terminate any service at any point in time for the safety of staff and the animals. I agree that SERF can refuse services at any time to any client if they feel that the animal visibly must undergo a veterinary examination or that authoritative personnel feels it unsafe to the animal. I further understand that I am requesting the services to be provided by SERF and that I am fully aware that there are no warranties, either express or implied, or promises of results of any kind or character regarding the services provided by SERF or the results of the services by SERF. Accordingly, I hereby release, waive, discharge, indemnify, and hold harmless SERF and its employees, from any and all claims, of any kind of character, that I might have now, or in the future, to any claim of injury or damage to the horse named above. I understand that payment for services is immediate and after services are carried out. I agree to allow staff to dispense all listed medications and supplementations when the animal is boarding overnight. Finally, I understand that SERF is not responsible for any equestrian activities that result in an accident during track use, or for any equine events or participation while on the premises of SERF.

SERF BOARDING AGREEMENT

On the below date, _____ (hereinafter "Owner") and

1. **Boarding fees:** Owner shall pay SERF \$_____ per day to board the Horse.
2. **Please indicate your choice of treatments or comprehensive full service treatment package:**

<input type="checkbox"/>	In Ground Hydro Horse 12 foot Aqua Treadmill
<input type="checkbox"/>	Nautilus Hot and Cold Salt Water Spa System
<input type="checkbox"/>	Full Stall Vibration Plate Therapy
<input type="checkbox"/>	8 Horse Free Style Paneled Horse Equiciser
<input type="checkbox"/>	5/8 of a mile Training Track w/Starting Gates
<input type="checkbox"/>	Customized Comprehensive Rehabilitation Program by Dr. Kurt Harris
3. **Services not provided by SERF:** SERF does not agree to provide any services other than those expressly
4. **Release of Horse:** SERF is authorized to release the Horse to the following individual(s).

If Owner wishes to authorize any additional individual to retrieve the Horse from SERF, such authorization MUST be made in a writing signed by Owner and delivered to SERF.

5. **Secondary emergency contact:** Owner requests that Owner be contacted in the event of an emergency concerning the Horse. SERF may reach owner by telephone at the number listed below. In the event that Owner cannot be reached, SERF may contact the following individual at the following phone number regarding the situation or condition of the Horse:

Owner Emergency Contact Name/#:

Secondary Emergency Contact Name/#:
6. **Reimbursement of unexpected expenses:** SERF shall provide the services described in section 2, above, in exchange for Owners payment of the boarding fees described in section 1, above. In the event that SERF incurs or pays any unexpected expenses in connection with boarding the Horse, Owner shall reimburse SERF for the such expenses within fourteen (14) days of receipt of an invoice for same.
7. **Release from potential liability; Indemnity:** Owner hereby releases SERF from any potential liability in any action, suit, claim, demand, or judgment arising from, or in any way connected with, this agreement and/or the boarding of the Horse by SERF, regardless of the theory of recovery or type of damage claimed, to include any act or omission - intentional, knowing, reckless, or negligent - by any employee or agent of SERF. Owner also agrees to indemnify SERF and hold SERF harmless in any action, suit, claim, demand, or judgment asserted or made by any person or entity - regardless of whether asserted an employee or agent of SERF or any third party - arising from or in any way connected with this agreement and/or the boarding of the Horse by SERF, regardless of the theory of recovery or type of damage claimed.
8. **Choice of law and venue:** Buyer and Seller agree that this agreement shall be governed by Texas law and that venue for any dispute arising out of or in any way connected with this agreement shall lie in Lubbock County, Texas.
9. **Complete agreement:** This agreement contains the complete agreement of the Buyer and Seller. There are no terms of their agreement not contained in this written agreement.
10. **Savings clause:** If one or more provisions of this agreement are found to be invalid or unenforceable by a court of competent jurisdiction, the remainder of this agreement shall be enforced without regard to the invalid or unenforceable provision or provisions and such a finding of partial invalidity shall not void or otherwise invalidate the remainder of this agreement.

SIGNATURE PAGE

STONEWALL EQUINE REHAB & FITNESS, LP.

485 Fulton Ranch Road

Stonewall, Texas 78671

Date: _____, 20 _____

_____, Owner

_____, address

_____, phone

I understand that payment for services is immediate and after services are carried out.

Checks are immediately and automatically deposited at time of receipt.

If payment is denied from the bank, insufficient funds charge is \$ 30.00

Services not provided by SERF: SERF does not agree to provide any services other than those expressly described above. For example, SERF does not agree to provide veterinary care for the Horse or shoe the Horse. (This list of excluded services is not exhaustive).