

# Training Outline and Payment Worksheet

## Winter Session 2023

Owner Name: \_\_\_\_\_ Horse Name: \_\_\_\_\_

Horse Arrives: \_\_\_\_\_ Horse Departs: \_\_\_\_\_ Date of Coggins: \_\_\_\_\_

Date Shoeing Due: \_\_\_\_\_ Change shoes? (same/studs/etc) \_\_\_\_\_

Feed Schedule AM	Feed Schedule PM

Other Horse Management Info/Needs (ex: Depo/Legends Schedules, etc)

Training Goals/Requests:

Competition Plans:

## Owner Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Owner USEA#: \_\_\_\_\_ Owner USEF# (if applicable): \_\_\_\_\_

Horse USEA#: \_\_\_\_\_ Horse USEF# (if applicable): \_\_\_\_\_

➤ Is Horse Insured?

- YES (please attach copy of policy)  
 NO

➤ Please Attach Copy of Horse's Current Medical Records

(List of UTD immunizations, date and type of last de-wormer)

- Please Attach Copy of Current Coggins (valid thru April 15 2023)  
➤ Please Attach Copy of Current (within 30 days of travel) Health Certificate

## Payment Schedule

- 4 Payment Plan:
- |            |               |   |
|------------|---------------|---|
| Payment 1: | Due 1/1/2023  | \$500 Stall Deposit (non-refundable)  |
| Payment 2: | Due 2/1/2023  | February Board Due (-\$ deposit)  |
| Payment 3: | Due 3/1/2023  | March Board Due   |
| Payment 4: | Due 4/15/2023 | Final Balance (Individual Invoice to include any remaining lesson/competition/farrier/vet/other fees) |

**\*\*Please make checks payable to "Erin Risso" and send to Valinor Farm, 1067 Old Sandwich Rd, Plymouth Ma 02360\*\*  
\*\*\*please do NOT send checks to Sandy Hills\*\*\***

I, \_\_\_\_\_, agree to the outline of this Training Program and promise to pay the above Fee Schedule, in full, by the agreed upon Final Date Due listed above.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date