

Training Outline and Payment Worksheet

Winter Session 2024

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 2024)
➤ Please Attach Copy of Current (within 30 days of travel) Health Certificate

Payment Schedule

- 4 Payment Plan:
- | | | |
|------------|---------------|---|
| Payment 1: | Due 1/1/2024 | \$500 Stall Deposit (non-refundable) |
| Payment 2: | Due 2/1/2024 | February Training/Board Due (-\$500 deposit) |
| Payment 3: | Due 3/1/2024 | March Training/Board Due |
| Payment 4: | Due 4/15/2024 | 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