

# WORKSHEET

## Training Outline and Payment **Winter Session 2026**

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 2026)

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

## Payment Schedule

- 4 Payment Plan:
  - Payment 1: Due 1/15/2026 \$500 Stall Deposit (non-refundable)
  - Payment 2: Due 2/1/2026 February Training/Board Due (-\$500 deposit)
  - Payment 3: Due 3/1/2026 March Training/Board Due
  - Payment 4: Due 4/15/2026 Final Balance (Individual Invoice to include any remaining lesson/competition/farrier/vet/other fees)

\*\*Please either VENMO "Erin Risso" or 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