

CHAMPIONFIT EQUINE, LLC

In Barn Stay - Evaluation

Arrival Date: _____

Departure Date: _____

Please fill out a form for each horse

Owner Information:

Owner's Name: _____ Today's Date: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____

Email: _____

Payment: Check Cash PayPal/Venmo

Horse Information: **Negative Coggins Required** (attached)

Register name: _____ Aka: _____ Gender: _____ Age: _____
Event: _____

Services requesting: **Conditioning** or **Rehabilitation** (please check all services you want and how many times)

Swimming - _____ AquaPacer _____ Cross-training _____ SPA _____ Theraplate _____

Laser or PEMF _____ Equi Resp _____ Equine Dental Fecal Count Live Blood Analyzing

What does your horse currently eat? (type and amount) (alfalfa is extra)

AM/PM: _____

Supplements: _____

Does your horse have any injuries, or other medical problems (history of surgery, colic)? YES NO

If yes, please explain: _____

Does horse have any history of behavioral issues? YES NO

(biting, kicking, bucking, rearing, pulling back when tied) If yes, please explain: _____

Does your horse crib, chew wood, windsuck, weave or have any other habits? YES NO

If yes, please explain: _____

Is the horse Vaccinated? Yes NO

Has this horse ever had or been exposed to Equine Infectious Anemia, Strangles, Equine Herpes, or any other contagious equine disease? YES NO (if yes – When: _____)

What else should we know about your horse? (e.g., allergies, fears, behaviors, special dietary needs)

CHAMPIONFIT EQUINE, LLC

Veterinarian Name: _____

Clinic: _____

Work phone: (____) _____ **Cell phone:** (____) _____

Can we contact your vet for a reference? YES NO

How did you hear about CFE? Circle one

Facebook Website Magazine Friend or Vet Referral: _____

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Championfit Equine is not an Equine Veterinarian Hospital. We do not intend to diagnose or cure any diseases or lameness issues. We are simply horse savvy personals with the newest and improved equipment to help aid in the fitness and conditioning of your equine athlete. We recommend that you speak to your equine vet and discussed the best rehabilitation and/or fitness options for your horse. For your convenience, we have an Equine Veterinarian available to give a thorough wellness exam to make sure your horse is healthy for the Swimming Pool and AquaPacer Treadmill.

_____ Yes, I would like to set up a wellness exam prior to services.

_____ No, I have already spoken with my veterinarian and my horse is ready for CFE services.

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 Championfit Equine, LLC is not responsible. Championfit Equine, LLC has the authority to terminate any service at any point in time for the safety of staff and the animals. I agree that the Championfit Equine, LLC 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 Championfit Equine, LLC 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 Championfit Equine, LLC or the results of the services by Championfit Equine, LLC. Accordingly, I hereby release, waive, discharge, indemnify, and hold harmless Championfit Equine, LLC, 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 agree to allow staff to dispense all listed medications and supplementations when the animal is boarding overnight., I understand that Championfit Equine, LLC is not responsible for any equestrian activities that result in an accident during arena rental use, or for any equine events or participation while on the premises of Championfit Equine, LLC. CFE has my permission to use photos/videos on all social media. Finally, I understand that payment for services is immediate, late fees are accrued at 3.4 % and horse is not able to be pick-up without payment. If horse is left at CFE over 30 days without payment, I relinquished all rights to the said horse on this form.

Client/Owner Signature: _____ Date: _____

CHAMPIONFIT EQUINE, LLC

Credit Card Payment Form - MUST BE FILLED OUT AT DROP OFF

Payment is due at the time services are performed. If other form of payments has not been made at drop off your card will automatically be charge at pick-up. **There is a 3.5% service charge on all credit cards transactions.**

If you are leaving your horse(s) for a month half payment is required at the time of, drop off.

Secure Credit Card Authorization Form Championfit Equine, LLC

I, _____, give permission to Championfit Equine, LLC, to keep my credit card information on file. I understand that this form will be filed in a secure location. I authorize Championfit Equine, LLC to charge this card for amounts invoiced, *plus service charge*.

Name as it appears on card:

First: _____ MI: _____ Last: _____

Card Type:

- Visa Discover Other
 Master Card Care Credit

Card number: _____

Expiration Date: _____

Security Code: _____

Zip Code: _____

Printed Name: _____ Date: _____

Signature of Card Holder: _____