

**SADDLEBROOK EQUESTRIAN CENTER LLC
OWNER INFORMATION SHEET**

OWNERS NAME:	
EMAIL ADDRESS:	
TELEPHONE #'S:	
ADDRESS:	

HORSES NAME:		YEAR FOALED:	
COLOR:		GENDER:	
HEIGHT:		MARKINGS:	

Does the above listed horse have any dangerous propensities? If yes, list below:

TRAILER MAKE AND MODEL:	
LICENSE PLATE:	
GN OR BP:	
# OF HORSES:	

ALT RIDER #1:		PHONE #:	
ALT RIDER #2:		PHONE #:	

Emergency Contact:		Phone #:	
Alt. Emerg. Contact:		Phone #:	

INSURANCE CARRIER:	
POLICY NUMBER:	
CARRIERS EMERGENCY PHONE #:	
CARRIERS ADDRESS:	

EMERGENCY VET:	
VET'S PHONE #:	

**SADDLEBROOK EQUESTRIAN CENTER LLC
HORSE FEED INFORMATION SHEET**

Horse: _____

GRAIN PROGRAM

GRAIN SELECTION	MORNING	NOON	EVENING
STRATEGY H.E.			
EQUINE SENIOR			
ULTIUM			

HAY PROGRAM

HAY SELECTION	MORNING	NOON	EVENING
COASTAL HAY			
ALFALFA X 2 DAILY (\$40 MONTHLY)			
ALFALFA X 4 DAILY (\$80 MONTHLY)			
TIMOTHY X 2 DAILY (\$200 MONTHLY)*			
TIMOTHY X 4 DAILY (\$400 MONTHLY)*			

*Note: Timothy Flakes are oversized 3 string bale flakes.

ADDITIONAL GRAIN OPTIONS:

IF YOU WOULD LIKE YOUR HORSE TO RECEIVE AN ALTERNATIVE GRAIN OPTION YOU CAN SETUP AN ACCOUNT AT D&L IN DENTON. WE COVER THE COST OF SHIPPING THE GRAIN. WE WILL ORDER IT FOR YOU AS NEEDED AND THEY WILL CHARGE YOUR CREDIT CARD FOR JUST THE COST OF YOUR GRAIN. NOTE: THERE IS NO DISCOUNT FOR SUPPLYING YOUR OWN GRAIN.

D&L FARM IN DENTON, TX
(940) 891-0100

**SADDLEBROOK EQUESTRIAN CENTER LLC
ADDITIONAL FEED OPTIONS INCLUDED WITH BOARD**

SUPPLEMENT PROGRAM

Will your horse be receiving regular daily supplements? _____Yes _____No

Please remember that all supplements must be prepacked or in SmartPak form. You can have your SmartPaks mailed directly to the farm. It is your responsibility to keep track of how many you have and when they need replacing.

ELECTROLYTE PROGRAM

Every horse in the farm has their morning grain top dressed with electrolytes during the summer months of approximately May thru September. If you DO NOT want your horse included in this program please check below. Otherwise they will receive it.

_____I DO NOT wish to have my horse receive electrolytes. Initials_____

WORMER PROGRAM

Every horse in the farm is on a worming program as outlined below. If you DO NOT wish for your horse to receive some or any of the wormers please indicate so below. Otherwise they will receive a rotation of Ivermectin and Pyrantel

MONTH	JAN	MARCH	MAY	JULY	SEPT	NOV
WORMER	IVERMEC	PYRANT	IVERMEC	PYRANT	IVERMEC	PYRANT
CHECKING THE BOX = DO NOT FEED						