



Welcome to Equine Spa & Wellness Center, Inc. and thank you for entrusting your horse to our care. We strive to provide an enclave of healing and rest for our equine residents and offer their owners the peace of mind that comes with knowing that their horse is receiving the very best care and attention possible. Our facility guidelines are designed to support a peaceful and healing atmosphere, which we reinforce with our procedures, our handling and our care. We also offer our clients a number of options to ensure maximum wellness and rehabilitation of their equine companions.

Guidelines:

Our first priority is caring for the horses and administering treatments. Our normal visiting hours are 9am to noon Monday through Friday. Visiting any other time is available by appointment. Horses (if not on special dietary regimens) are fed at 7:30 am, noon and between the hours of 4-6PM. It is our practice to allow the horses to eat undisturbed whenever possible, so if you come during morning feeding, for example, we may not have yet groomed your horse for the day or begun treatments.

The arena is used both for hand-walking the more spirited in our group and for veterinary exams couple of Boarder & Trainers.

We will be monitoring your horse very carefully in the first days to make sure that he settles in comfortably, but don't hesitate to let us know if you notice something that we don't, as you know your horse best. We perform a full-body wellness check of every horse, every day, so that we can catch any problems – whether related to the condition that brought him here or not – early on.

Sundays are usually a day of rest for the horses. We are, however, staffed for daily treatments and care.

Maia Kight
Owner

Admission Form

HORSE INFORMATION

Name of Horse _____ Sex: _____

Breed: _____ Age: _____ Color: _____

Is the horse covered by insurance?

- YES / NO - If yes, carrier information: _____

OWNER INFORMATION

Owner Name(s): _____

Home Phone: _____

E-mail Address: _____

Cell Phone: _____

Address: _____

City: _____ St: _____ Zip: _____

Trainer/Farm Manager: _____

Contact Number: _____

BILLING INFORMATION

Credit Card Number: _____

Exp. Date: _____ Security code: _____ VISA / Master Card/Amex

I, _____, do hereby authorize Equine Spa & Wellness Center, Inc. to charge the aforementioned credit card, check or cash on the day of service.

Signature: _____ Date _____

VETERINARY INFORMATION

Veterinarian/Clinic Preference: _____

Address: _____ Phone: _____

Initials _____ **I DO** hereby consent to and authorize a Physical Exam to undergo HYDRO~HORSE Therapy by a veterinarian and I am responsible for all charges incurred.

Initials _____ **I DO NOT** consent to a Physical Exam to undergo HYDRO~HORSE Therapy

HEALTH INFORMATION

Please list all immunizations and de-worming information for the past 6 months, including the dates given:

(A Health Certificate may be acceptable if performed in the last 10 days)

Any known allergies? _____

Date of last farrier service: _____

Name of Farrier: _____

Contact Info: _____

Vices: Cribbing Weaving Kicking Biting Other:

Has the horse had any fevers, nasal discharge, cough or other health concerns in the past 30 days?

Please list the details of your horse's injuries, surgeries, or any needs and or any special treatments.

FEED AND MEDICATIONS INFORMATION

Please list any medications or supplements your horse is currently taking:
Medication/Supplement Dosage Frequency Method (oral, injection, etc.)

We feed Alfalfa here, which is included in the pricing, if your horse requires different we ask you bring your own or the price may be higher. We do not do discounts if you bring your feed.

Any special feed requirements or notes?

CONSENT INFORMATION

In an emergency, every attempt will be made to notify the owner first. If we are unable to reach you, we will first attempt to contact a veterinarian from the list you have provided. If we are unable to reach your veterinarian, we will contact a veterinarian of our own choosing. Please indicate the maximum amount you are willing to authorize us to spend on your behalf for emergency medical treatment.

Horse Name: _____

I, _____, do hereby authorize Equine Spa & Wellness Center, Inc. to spend up _____ .00 on emergency medical treatment for the above listed horse. I understand that I am responsible to pay the necessary veterinarian and or veterinary clinic for providing such emergency services, and release Equine Spa & Wellness Center, Inc., its employees, or agents for any responsibility in the payment of debt incurred on my behalf.

Signature: _____ Date: _____

HYDRO~HORSE THERAPY

*Acclimation fee for first time swim \$35.00 per individual horse.

Initials_____ **A second acclimation fee may be applied if the horse is resistant after initial introduction to the Hydro-Horse pool**

PRICES:

Monthly Swimming Full Board \$875.00 ~ \$975.00 (Box Stall)

2 Weeks Swimming Full Board \$475.00 ~ \$575.00 (Box Stall)

DAILY DRIVE~UPS

\$40.00 per swim for 1 horse

\$30.00 per swim for 2 or more horses with the same owner

\$20.00 per night to board for treatments

\$15.00 Day Board (includes one Feed)

A~LA CARTE

EQUI-VIBE \$15-\$40 (depending on Treatment)

Hot-Walker \$15

Hand Walk \$20

SPA

We do provide a Grooming/Wash service during your horses stay here for \$30.00

***** veterinarian services, farrier services and miscellaneous expenses ARE NOT included in the fee to swim. Horses remaining on the premises overnight will require a boarding contract*****

IMPORTANT Please call ahead to schedule your swim time.

Please choose the following options for your horse during his stay:

Our on-call veterinarian offers wellness exam to assess your horse's condition. This enhances our ability to tailor a specific rehabilitation program to your horse's situation as well as evaluating the need for bodywork (chiropractic; massage) and supplements during his stay with us.

Yes, please have Dr. Cattrina Lucas assess my horse and provide a written assessment.

We have small outdoor sand paddocks (12ft X 16ft) in which the horses may spend a few hours during the day if permitted by their specific recovery plan.

Yes, my veterinarian has said it is ok for my horse to be in a 12X 16 ft pen for a few hours during the day.

No my horse must remain in his stall when not being treated.

For our horses without soft tissue injuries we offer larger turnout spots during the day.

Medium turnout OK Yes No Large turnout OK Yes No

Hydro-Horse: My veterinarian has recommended the underwater treadmill as a part of my horse's rehabilitation program.

Yes No

Hot-Walker: My veterinarian has recommended the Hot Walker for _____ min as a part of my horse's rehabilitation program.

Yes No

Hand Walk: My veterinarian has recommended Hand Walk for _____ min as a part of my horse's rehabilitation program.

Yes No

I hereby authorize Equine Spa & Wellness Center, Inc to publish photographs and or Videos taken of my horse's stay for use on their Social Media Pages and or website.

Yes No