



Rehabilitation & Conditioning Center | 16641 Old Hwy 99 SE | Tenino, WA 98589 | 360.819.7004

T90 Ranch Rehabilitation & Conditioning Center Admission Form

Please email this form to Info@T90Ranch.com prior to your horse's arrival or bring it when you drop off.
Call 360-819-7004 to schedule your horse's drop off appointment.

1. HORSE INFORMATION

Horse Name: _____ Discipline: _____

Sex: Mare / Gelding / Stallion Breed: _____ Age: _____ Color: _____

Expected Date of Arrival: ____/____/____ Approximate time: _____ AM / PM

Is your horse here for: REHABILITATION FROM INJURY* / CONDITIONING

If REHABILITATION FROM INJURY* please fill out *Injury Description Information on last page*

Is the horse insured? YES / NO If YES, insurance company & contact number: _____

Will you be submitting your bill to your insurance company for reimbursement? YES / NO

Halter/Lead description: _____ Blanket/Sheet Size & Color: _____

Vices: Cribbing Weaving Kicking Biting Pulling Back Rearing Other: _____

How did you hear about T90 Ranch Rehabilitation Center? _____

2. OWNER CONTACT

Owner Name(s): _____ Phone: _____

E-mail: _____ Alternate Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Other Authorized Person / Relationship: _____ Phone: _____

Other Authorized Person / Relationship: _____ Phone: _____

Other Authorized Person / Relationship: _____ Phone: _____

3. FEEDING INFORMATION

Please select hay preference: ALFALFA* / TIMOTHY* / BOTH*
(*included in monthly care package)

AM: # flakes Alfalfa _____ # flakes Timothy _____

LUNCH: # flakes Alfalfa _____ # flakes Timothy _____

PM: # flakes Alfalfa _____ # flakes Timothy _____

Would you like your horse to receive a daily ration of Purina Outlast Gastric Support?* YES / NO

Will you be providing grain for your horse ? YES / NO

*Please note: Daily grain rations must be in pre-measured and labeled bags
This service can be provided at a charge of \$2.50/bag*

If YES, grain bag(s) to be fed: AM / PM / BOTH

Please list grain brand and any supplements in pre-measured grain bags: _____

Special feed requirement notes: _____

4. VETERINARY CONTACT

Veterinarian/Clinic: _____

Address: _____

Phone: _____ E-mail: _____

Hospital preference in case of after-hours emergency (Pilchuck and OSU are the two closest to T90 Ranch):

Pilchuck / Oregon State University / Other: _____

Farrier: _____ Date Last Trimmed/Shod: _____

Phone: _____ E-mail: _____

5. HEALTH & MEDICAL BACKGROUND

Please attach a copy of a negative Coggins (within 1 year) **required for all horses in and out of state**

Please list all immunizations and deworming for the past 6 month, including date given:

Please list all prescription medications your horse is currently being given:

<u>Medication</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Route (orally, IV, IM, etc.)</u>
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Is T90 Ranch to administer any medication? YES / NO If YES, medication: _____

Dosage: _____ Prescribing veterinarian/telephone: _____

If YES, how is medication given: GRAIN BAGS / BY HAND Frequency: AM / PM / BOTH

History of ulcers? YES / NO If YES, current treatment: _____

History of colic? YES / NO If YES, date and treatment: _____

History of tying up? YES / NO If YES, date and treatment: _____

Known Allergies? YES / NO If YES, please list: _____

Other medical history/conditions T90 Ranch should be aware of? _____

Has your horse had any fever, nasal discharge, cough, or other health concerns in the PAST 30 DAYS?

Where has your horse resided in the PAST 30 DAYS? Please list any competitions attended in the past month:

6. MEDICAL TREATMENT CONSENT

In case of an emergency, every attempt will be made to notify the owner and authorized person(s) listed first. If we are unsuccessful, we will attempt to notify the veterinarian named in section 4. If we are unable to contact the owner and authorized person(s) or the named veterinarian, we will contact a veterinarian of our choosing. Your signature is acceptance of this policy. Please indicate a maximum dollar amount authorized for emergency medical treatment in the event we are unable to contact the owner and authorized person(s):

Horse's Name: _____

I, _____, do hereby authorize T90 Ranch LLC to spend up to \$_____.00 on emergency medical treatment for the above listed horse. I understand I am responsible to pay the necessary veterinarian and or veterinary clinic for providing such emergency services, and release T90 Ranch LLC, its employees, or agents from any responsibility in the payment of debt incurred on my behalf/behalf of my horse.

Signature : _____ Date : _____
Owner or Parent/Guardian (must be over 18 years of age)

7. LIABILITY WAIVER

T90 Ranch will always prioritize the safety of every horse utilizing the facilities, rehabilitation services, and equipment. However, there are inherent risks to putting any equine on the water treadmill and theraplate. There are also inherent risks to keeping horses stalled with limited turnout. By leaving a horse in the care of T90 Ranch, you understand and accept all risks and agree to hold harmless T90 Ranch LLC, its employees, and affiliations from any and all claims, demands and liabilities resulting from injury (including death) to the horse, as well as any property damage. This release of liability includes claims, demands and liabilities that are known or unknown, foreseen or unforeseen, future or contingent.

Signature : _____ Date : _____
Owner or Parent/Guardian (must be over 18 years of age)

8. PAYMENT POLICY

Account balance **MUST** be paid in full prior to horse's departure.

Cash / Check / Credit Card* / PayPal* / Venmo*

**These forms of payment will incur a 3% processing fee.*

Please provide credit card information below. Card will be run on day of departure for the full balance owed.

Credit Card Number: _____

Exp: _____ 3 Digit Security Code: _____

I hereby authorize T90 Ranch LLC to run this credit card:

Signature: _____ Date: _____

INJURY DESCRIPTION INFORMATION

Date of injury: _____

General location of injury: RIGHT FRONT / LEFT FRONT / RIGHT REAR / LEFT REAR / BACK / NECK

Please list all details of your horse's injury: _____

Currently lame? YES / NO

If YES: RIGHT FRONT / LEFT FRONT / RIGHT REAR / LEFT REAR

If YES, when is lameness visible: WALK / TROT / CANTER / ALWAYS

Please list all details of your horse's injury treatments: _____

Please attach veterinarian prescribed rehab protocol OR list all details of your horse's rehabilitation needs:

Please email referring veterinarian's report(s) and all related health information prior to horse's arrival.

T90 Ranch Equine Rehab & Conditioning Center

Rate Sheet

ONE MONTH

\$1600/month (\$53/day)

(includes daily [Mon-Fri] aqua tread or theraplate)*

LESS THAN 7 DAYS:

Daily Rehab full care board rate \$40/day

+

Aqua Tread \$60/session (max 30 minutes)*

+

Theraplate/Solarium \$45/session

MINIMUM 7 DAYS (ONE WEEK):

Weekly Rehab board rate \$68/day

(includes daily [Mon-Fri] aqua tread or theraplate)*

MINIMUM 14 DAYS (TWO WEEKS):

Weekly Rehab board rate \$63/day

(includes daily [Mon-Fri] aqua tread or theraplate)*

MINIMUM 21 DAYS (THREE WEEKS): \$58/day

(includes daily [Mon-Fri] aqua tread or theraplate)*

INCLUDED IN FULL CARE:

- Alfalfa/Timothy fed three times/day (up to four flakes)
 - *one flake am, one flake afternoon, two flakes pm
 - *extra flakes (five or more) charged at current market price
- Daily Ration of Purina Outlast Gastric Support Supplement
- Grain provided by owner fed in pre-measured baggies
 - *Grain not provided in pre-measured baggies will be charged \$2.50/bag to measure