

**Flying O' Ranch
Equestrian Facilities**

**Ranch Managers
Hugh & Carmen Bishop
559-868-6424
P.O. Box 146
O'Neals, CA 93645**

Owner/Horse Information

AGREEMENT PURPOSE:

1. At the commencement of this agreement, the OWNER(s) agree to ABIDE BY ALL the Posted Rules and Regulations of the Flying O' Ranch. A copy of these rules and regulations will be provided to the owners prior to the signing of this agreement.

1. DISCLOSURE OF INFORMATION ABOUT HORSE(S) FOR THE RANCH MANAGER IS HEREBY STATED AS FOLLOWS:

Name: _____
Sex: _____
Breed: _____
Color: _____
Markings: _____
Age: _____

2. DISCLOSURE OF HORSE(S) ALLERGIES, VICES, UNIQUE HABITS, ETC

3. VACCINATIONS

It is highly recommended that all horses be effectively wormed and current on immunizations for Tetanus, Sleeping Sickness, Rabies, Flu and West Nile Virus.

Date(s):	Type of Vaccination	Date(s):	Type of Vaccination
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments: _____

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OWNER/HORSE INFORMATION

4. EMERGENCY CARE: The ranch manager agrees to attempt to contact OWNER(s) per instructions signed below should the ranch manager feel that medical treatment is needed for said horse(s).

Owner(s) _____

Phone/Pager Numbers: _____

Addition Contact(s) if any: _____

Veterinarian(s): _____

Phone/Page Numbers: _____

Farrier: _____

Phone/Page Numbers: _____

If a situation occurs where the OWNER(s) horse is in need of immediate medical attention and the ranch manager is unable to contact the OWNER(s) to approve medical treatment, I/WE authorize the ranch manager to contact the above stated veterinarian (or an alternate veterinarian if the preferred one is unavailable) to treat the injured or sick animal **and allocate treatment up to the dollar amount of \$** _____ **(Initial)**

I/WE ATTEST THAT ALL STATED FACTS ARE TRUE AND ACCURATE AND I/WE AGREE TO ABIDE BY THE EQUESTRIAN FACILITIES RULES AND REGULATIONS.

I/WE ALSO STATE THAT OUR HORSE(S) SHALL ENTER THE PREMISES FREE FROM TRANSMISSIBLE DISEASES AND ARE IN GOOD HEALTH.

Additional Comments: _____

Signature of Owner #1 _____

Signature of Owner #2 _____