

RideSport Stables

Name: _____ Tack Locker Letter or Number: _____

Address: _____

Phone Number: _____

Email: _____

Horses Name: _____

Breed: _____

Mare

Gelding

Age: _____

Friday, April 13th

**Pay for RS to your
Hold Horse
Yes/No**

Saturday, April 14th

Friday, April 13th

**If you have a Stall
horse and you will
be out to hold your
horse, do you want
your horse left in?
Yes/No**

Saturday, April 14th

*Mandatory:

Strangles

Influenza/Rhino (Calvenza Brand)

4-Way (EE/WE/TT/WNV)

Optional:

Coggins

Sheath Cleaning

Fecal Analysis

Other (if yes, please put details below)

Potomac *Done in Mid May**

Teeth Float:

Teeth Checked

*(Anoka to Check Box) Dental Exam

*(Anoka to Check) Maintenance Float

*(Anoka to Check Box) Performance Float

Other/Notes, please put on back

*******Please Return Completed Form to RS by Thursday the 15th of March*******

******* Any Questions, please call or text Elissa Johnson at 612-760-4979*******