Owner Service Request

A separate request form must be filled out for each horse.

Owner Name:					Date:				
Horse Na	ame:					_			
Please circle d	one								
Board:		Box Stall	1	12x24 Paddo	ock	2	24x24 Paddoc	k	
Please circle	one of each	if it applies, horse	es may also benefit ِ	from half Orch	nard half Timo	othy if they are o	on a full grass die	et.	
Feed:		Full Alfalfa		Full Orchard		Full Timothy			
		Half Alfalfa		Half Orchard		Half Tin	Half Timothy		
Note: Half Or	chard Half Tir	mothy constitutes	Full Special Feed						
I do not kr	now what	feed please se	elect one for me	e. Yes					
Please circle	one								
Lunch Hay:		Half		Full		Double	Double		
Please circle	one of each	if it applies:							
		Alfalfa		Orch	ard	7	Timothy		
I do not kr	now what	feed please se	elect one for me	e. Yes					
Pellets:	RCR	LBS daily	Training Cli	ent Special (Order	LBS daily	Once Week	ly free feed	
I do not knov	w what pelle	ts please select o	ne for me. Yes	- I do not k	now how mai	ny LBS daily plea	ase select for me	. Yes	
Suppleme	ent Feedir	ng: RCR Si	upplement w/LM	1F Smar	tPak w/LMI	E Pre-mad	de/Pre-bagged	l with	
Supplement Program: Platinu			Platinum	Gold		Silver	ı	Bronze	
Please can	ncel my Sm	nartPak for me	e. Yes o	r I will ca	ncel my Sn	nartPak, on_		2016	
Training o	or Lay-Up	Training:	All Inclusive	Full C	are Board	and Full Serv	ice Training		
Full Board	and Train	ing	Board and Ba	sic Training	Full Car	e Board and	Full Care Lay-	Up	
Board and	l Lay-Up	Board and I	Lay-Up with add	ditional serv	ices HW_	times	Sun Pen	times	
TheraPlat	:e:	Monthly	Weekly		Individua	1			
By signing L	below it is u	ınderstood that	: I know the charg	es for each c	of the service	es I requested.			
Owner S	Signature	<u></u>				_ Date:			