Owl's Hollow Farm Intake Form

RETIREMENT

CONTACT INFORMATION

Client First Name _____ Client Last Name _____

Client Phone Number _____ Client Email _____

Client Billing Address _____

STREET ADDRESS CITY STATE ZIP

Vet First Name _____ Vet Last Name _____

Vet Phone _____ Vet Email _____

Emergency Contact First Name _____

Emergency Contact Last Name _____

Emergency Contact Phone _____

Emergency Contact Email _____

HORSE INFORMATION

Registered Name _____ Barn Name _____

USEF Registration # (if available) _____ Foal Date _____

Breed _____ Color _____

My horse currently lives in/on (select all that apply):

Stall ☐ Pasture ☐ Grass ☐ Dry Lot ☐ Herd Setting ☐

FARRIER

My horse is currently (select one): Shod ◯ Barefoot ◯

on (select one): Front Feet ◯ All Feet ◯

Last Shoeing Date: _____

I would like to utilize (select one):

OHF's Farrier ◯ My Farrier: ◯

_____

FIRST & LAST NAME PHONE #

If you would prefer to have your existing farrier service your horse while here at OHF, please self-coordinate arrangements with the farrier and our team for best day/time. For retirement horses heading to communal living in pasture or dry lot, please pull shoes before arrival. Daily in barn rates will apply for shod horses beyond a week transition.

FEEDING & EXTRAS

Grass/Hay - Our retirement pasture board horses enjoy abundant pasture grazing nearly year-round. When winter arrives and grass growth slows, we supplement with quality grass hay to keep horses healthy, comfortable, and well-fed until spring returns.

Grain is optional. Horses will be pulled from the pasture daily for individualized grain.

- $25/month if provided by Owner
- $100/month if provided by OHF (please select an option below)*

Haystack Special Blend YES ◯ NO ◯

Purina Senior Blend YES ◯ NO ◯

Purina Enrich (w/Vitamins) YES ◯ NO ◯

Worming occurs every three (3) months - $20/worming cycle

**Grain is fed twice daily. Grain can be fed up to four times per day for an additional monthly fee.*

Medication management is $50 per month. Please list any medications and administration instructions (if applicable)

HORSE HISTORY

Please provide your horse's career recap so we may share with our followers:

Pre-existing conditions, past significant illness, lameness, allergies, and/or vices:

Preferred Pharmacy: _____

Personal items left with the horse:

VACCINATIONS

Please enter the date administered. Required vaccinations are noted with **. If transporting in from a state other than Oregon, COGGINS is required.

**Equine Rotavirus _____ MONTH/DAY/YEAR

**Deworming _____ MONTH/DAY/YEAR

**Rhinopneumonitis _____ MONTH/DAY/YEAR

COGGINS _____ *Out-of-state required* MONTH/DAY/YEAR

Tetanus _____ MONTH/DAY/YEAR

West Nile _____ MONTH/DAY/YEAR

E/W Encephalitis _____ MONTH/DAY/YEAR

Rabies _____ MONTH/DAY/YEAR

DENTALS

Date of Last Dentals: _____

RECORDS RELEASE & COORDINATED CARE

Please authorize Owl's Hollow Farm to fully participate in the care program by signing in the field below.

By signing, I authorize Owl's Hollow Farm to participate in care conversations between Client & Veterinarian to best deliver intervention protocols on the client's behalf.

Signature Here

VISITING POLICY

Prescribed visiting hours allow us to best service your partner.

- ☐ I agree to plan to visit in the afternoons or by arranged visiting hours. I also acknowledge OHF requires a 30-day written notice before removing a horse from retirement board.
- ☐ I grant permission for photos and/or videos of my horse to be used for educational, promotional, and marketing purposes (including website and social media). No identifying personal information will be shared.

Release & Hold Harmless Agreement

RELEASE AND HOLD HARMLESS AGREEMENT

The Participant understands that horses are large and powerful animals that can be unpredictable, and acknowledges the inherent risks involved in working, riding, handling, hacking, schooling, competing or otherwise engaging in activities around horses. These risks may include, but are not limited to, damage to personal property, illness, bodily injury, trauma or death. Accordingly, as a condition to Participant's voluntary engagement in such activities on or about the Owl's Hollow Farm, Participant assumes the risk of such activities and shall indemnify and hold harmless James Patrick Delia and Jennifer Benke Delia, Trustees of the Delia Family Trust and Owl's Hollow Farm LLC, and their respective owners, officers, directors, employees, members, agents, trustees, beneficiaries, legal representatives, successors and assigns and further release them from any liability or responsibility for any accident, injury, damage, or death to the Participant or any property or horse the Participant owns, or to any third party accompanying the Participant.

Participant First Name _____

Participant Last Name _____

Today's Date _____
MONTH/DAY/YEAR

Participant Signature Here

Participant Address _____
STREET ADDRESS CITY STATE ZIP

WARNING: UNDER OREGON LAW, AN ACTIVITY SPONSOR OR AN EQUINE PROFESSIONAL SHALL NOT BE LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT ARISING OUT OF RIDING, TRAINING, DRIVING, GROOMING OR RIDING AS A PASSENGER UPON AN EQUINE PURSUANT TO ORS 30.691, EXCEPT IN LIMITED CIRCUMSTANCES AS PROVIDED IN ORS 30.691 AND 30.693.

*Parent/Guardian Signature**

**required if participant is under 18 years of age*

☐ By writing, typing, or pasting my signature, I understand that I am electronically signing this agreement. I confirm that I am at least 18 years old, have read this waiver in full, understand its terms, and am signing voluntarily.

Vet Information

The following documents are required in case of emergency:

- Horse Advance Directive (in case of emergency)

HORSE ADVANCE DIRECTIVE

If you have an Advanced Directive from your vet, attach it to this completed form.

Client First Name _____ Client Last Name _____

Client Phone Number _____ Client Email _____

In the event of an emergency, may we contact the veterinarian listed on your intake form? (Select one)

◯ YES ◯ NO - Use the vet below.

Vet First Name _____ Vet Last Name _____

Vet Phone _____ Vet Email _____

If you are unreachable, do you have a Secondary Decision-Maker? (Select one)

◯ YES - Contact the person below. NO ◯

Secondary Contact Name _____

Secondary Contact Phone _____

If I cannot be reached in a timely manner, I authorize Owl's Hollow Farm and the attending veterinarian to: (Select all that apply)

- ☐ Provide emergency veterinary treatment
- ☐ Administer medications deemed necessary
- ☐ Transport my horse to a veterinary hospital, if required

I authorize emergency veterinary care up to the following amount without prior approval: (Select one)

- ◯ No financial limit
- ◯ Up to $ _____

In the event surgery is recommended and I cannot be reached: (Select one)

- ◯ Surgery is NOT authorized
- ◯ Surgery is authorized
- ◯ Case-by-case (attempt to contact first)

If my horse is suffering and prognosis is poor: (Select one)

- ◯ Do NOT euthanize without my direct consent
- ◯ Humane euthanasia is authorized, if veterinarian recommends

RELEASE OF LIABILITY

By signing below, I release Owl's Hollow Farm, its staff, and attending veterinarians from liability for decisions made in good faith according to this directive, except in cases of gross negligence or willful misconduct.

Signature Here

Today's Date _____
MONTH/DAY/YEAR

☐ I acknowledge that all information provided above is true and correct to the best of my knowledge, and I affirm that I am the lawful owner or authorized agent of the owner of the horse described in this document.