



Owl's Hollow Farm Intake Form

REHABILITATION

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 _____

Trainer First Name _____ Trainer Last Name _____

Trainer Phone _____ Trainer 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):
on (select one):

Shod
Front Feet

Barefoot
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.

FEEDING & EXTRAS

OHF (4) flakes a day - choice of Pasture Mix/Teff/Alfalfa. Grain twice daily. Grain can be fed up to four times per day for an additional monthly fee. **Worming occurs every 3 months; \$20/worming cycle.**

OHF Selection HAY - Choose YES or NO

Pasture Mix - Grass

YES NO

Teff

YES NO

Alfalfa

YES NO

Owner specified: Provide feed info and suggested schedule (flakes per day and number of feedings)

OHF Selection GRAIN - Choose YES or NO

Haystack Special Blend

YES NO

Purina Senior Blend

YES NO

Purina Enrich (w/Vitamins)

YES NO

Owner specified: Provide feed info and suggested schedule (amounts per day and number of feedings; incremental charges may apply)

Supplements: Please list your horse's supplement needs.

Owner specified: Please let us know your supplement plan/schedule. Indicate if they will be self-supplied or if you would like OHF to order and manage on your behalf (billed in your monthly invoice).

HORSE HISTORY

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

Current Issue: Injury recap, current treatment, and brief overview:

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 - ROUTINE DRIVES RECOVERY

OHF delivers therapies and interventions to support the recovery plan of the clients and veterinarians who advise them. 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 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.

Walker Release & Waiver

This Release and Waiver is executed on: (Today's Date) _____ by "Owner":
MONTH/DAY/YEAR

Owner First Name _____ Owner Last Name _____

Owner Address _____
STREET ADDRESS CITY STATE ZIP

in favor of James Patrick Delia and Jennifer Benke Delia, Trustees of the Delia Family Trust ("Trustees") and Owl's Hollow Farm LLC ("Farm" and together with Trustees, "Releasees") with an address of 64655 Old Bend Redmond Hwy., Deschutes County, Oregon. Owner is the owner of the following horse:

Horse's Name _____ Horse's Breed _____

Date Foaled _____ Markings _____
MONTH/DAY/YEAR

I, the undersigned Owner, being at least 18 years of age, will be utilizing Farm's Equine Ceiling Mounted Horse Eurocizer ("OHF Walker") as a function of my horse's guided program. Horses and owners may participate in OHF Walker sessions for prescribed durations designed by trainer/owner/vet protocols only with a signed release. The OHF Walker will only be operated by employees or authorized representatives of Farm.

I understand that execution of this Release and Waiver is material to Releasees' willingness to allow me to participate in the above activity. Accordingly, I hereby WAIVE the right to bring an action against the equine professionals or equine activity sponsors for any injury or death arising out of riding, training, driving, grooming or riding as a passenger upon a horse while participating in the activity.

I further hereby WAIVE, RELEASE, and DISCHARGE Releasees and their respective owners, officers, directors, employees, members, agents, trustees, beneficiaries, legal representatives, successors and assigns (collectively, "Indemnitees") from any liability for or by reason of any damage, loss or injury to person and property, even injury resulting in the death of me or my horse, which has been or may be sustained in consequence of my participation in the activity described above.

I hereby acknowledge and agree that I have carefully read this Release and Waiver, that I fully understand its terms, and that I am freely and voluntarily executing this document. I have been given the opportunity and have been encouraged to seek independent legal advice prior to signing this Release and Waiver. I understand that I would not be permitted to participate in the above noted activity unless I signed this Release and Waiver. I acknowledge that I do not have any physical limitations, medical ailments, physical or mental disabilities that would limit or prevent me from participating in the above mentioned activity, and, if required, will obtain a medical examination and clearance. I understand that this Release and Waiver is binding on me, my heirs, my executors, administrators, personal representatives and assigns.

This Release and Waiver will be construed in accordance with and governed by the laws of the State of Oregon, and it is acknowledged by me to be as broad and inclusive as permitted by the laws of such jurisdiction.

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.

I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE, AND I AM AWARE THAT BY SIGNING THIS WAIVER AND RELEASE I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST RELEASEES.

Whereas, Owner has executed this Release and Waiver at: _____
County, Oregon on the date first set forth above.

Signature Here

Print Name _____

Vet & Insurance Information

The following documents are required in case of emergency:

- Recent (last 60 days) vet assessment/prognosis and rehab plan (If unavailable, an intake meeting is required prior to admission)
- Horse Advance Directive (in case of emergency)
- Insurance Information (in case of emergency)

VET ASSESSMENT/PROGNOSIS & REHABILITATION PLAN

Do you have this documentation from your vet? (Select one)

YES

Please attached the plan to this completed form.

NO

An OHF team member will reach out to schedule an intake meeting.

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 _____

Horse's Name _____ Foal Date _____

Sex _____ Color _____

Breed _____

HORSE ADVANCE DIRECTIVE CONTINUED

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

INSURANCE INFORMATION

Insurance Company _____

Policy Number _____

Agent Name _____

Agent Phone _____

Type of Policy _____

Major Medical, Mortality, etc.

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.