



CREEK HOLLOW RANCH

Enriching lives through horse-human interaction

ADDENDUM A TO BOARDING AGREEMENT

HORSE NAME: _____ COLOR: _____

AGE: _____ SEX: _____ BREED: _____ REG. #: _____

MARKINGS: _____

MARKET VALUE: _____ PRIMARY USE: _____

INSURANCE CARRIER: _____ POLICY NUMBER: _____

CONTACT: _____ TELEPHONE NUMBER: _____

PLEASE PROVIDE ANY KNOWN DANGEROUS PROPENSITIES AND/OR CHRONIC HABITS OF THE HORSE (including, but not limited to biting, kicking, rearing, charging, head shy, spook, or otherwise.)

VET NAME & PHONE NUMBER: _____

FARRIER NAME & PHONE NUMBER: _____

TRAINER NAME & PHONE NUMBER: _____

BOARDING INSTRUCTIONS:

- ____ 24 x 24 Pipe Corral with shelter
- ____ 12 x 24 Mare Motel with shelter
- ____ 24 x 24 Mare Motel with shelter
- ____ 16 x 16 Barn Stall
- ____ 16 x 12 Barn Stall
- ____ Pasture

FEED INSTRUCTIONS:

- ____ Bermuda grass fed AM and PM
- ____ ½ Bermuda grass / ½ Alfalfa fed AM & PM
- ____ Grain Supplements
- ____ Special Feed Instructions*
- ____ Alfalfa fed AM and PM

OWNER'S SPECIAL FEED INSTRUCTIONS TO CHR: _____

PLEASE INDICATE IF YOU WOULD LIKE CHR TO SCHEDULE OR ADMINISTER THE FOLLOWING:

Worming	Y	N
Innoculations	Y	N
Farrier Services	Y	N

All expenses incurred for the above, including handling, will be included on your monthly invoice.

OWNER SIGNATURE

DATE