Tallebudgera Pony Club Inc.

Agistment Application Form

Date...../...../..... Application No ..... (Office Use Only)

Applicant (Parent/Guardian)

Name .....

Address .....

Mobile Number .....

PCAQ Number .....

Rider

Name .....

Date of birth .....

Mobile Number .....

PCAQ Number .....

Horse Details

Name.....Age.....Sex.....Height.....

Breed..... Wind-sucker Y/N

Microchip No .....

Latest Wormer Treatment ...../...../.....

Latest Dental Treatment ...../...../..... *(please supply dental report/vet receipt)*

Hendra Vaccination Y/N ...../...../..... *(please supply certificate)*

Strangles/Tetnus Vaccination Y/N ...../...../.....

Contacts Vet..... ..... Ph.....

Dentist..... Ph.....

Farrier..... Ph.....

Supporting Documentation to be attached:

Dental Certificate/Vet Receipt - Y/N

(As per Division 6 - 30) of the rules please attach a dental certificate/proof of treatment no older than 12 months showing regular dental work

Hendra Certificate Y/N

I hereby ***agree*** to the terms and conditions of the Agistment Rules supplied to me and acknowledge as per Division 5 - rule 29. Tallebudgera Pony Club Inc. does not accept any liability whatsoever for any injury or death of a horse or rider. Additionally, no liability will be accepted for the loss or damage of any property stored in the agistment shed or elsewhere on the pony club grounds.

Name .....

Signed. ..... Date...../...../.....

(Office Use Only)

Approved:

Name .....

Position .....

Signed. ..... Date...../...../.....

NOTES/COMMENTS:
