

RRFHOA HORSE REGISTRATION FORM

Today's Date: _____

HORSE PHOTO

Attach Photo Here
or Email Photo to:
office@ranchatroaringfork.com

Name of Horse: _____

Horse Owner Printed Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Veterinarian: _____ Vet Phone: _____

Breed: _____ Color: _____ Sex: _____ Age: _____

Distinguishing Marks: _____ Estimated Value of Horse: _____

Vaccinations: Encephalitis: _____ Flu: _____ Tetanus: _____ Neg Coggins: _____ West Nile: _____

Current Wormer: _____ Date: _____

Ownership verification/assumption of responsibility:

I (Print Name) _____ certify that I am the owner of the horse described above, or responsible party for tenant. I also understand that as owner, I am responsible for the care of my animal and that riding at the RRFHOA and use of all the facilities is at the individual user's own risk. I also assume responsibility for the fees charged by the RRFHOA. I agree to follow the rules and regulations as outlined. It is understood that falsification of ownership results in an immediate removal of the horse involved from the RRFHOA.

Horse Owner Signature: _____ Date: _____