



THANK YOU

for your interest in making 5 Hills
the home for your horse.

Before we get started with quoting, tell us a little about you and your horse. This will help us get to know you and your horse plus arrive at a reasonable estimate for the cost of boarding your horse.

Date Completed: _____

Tell us about YOU

- 1) Your Full Legal Name (*Please include your first name, middle initial and last name.*)

- 2) Your Physical Home Address (Sorry! No P.O. Boxes.)

Street Address _____

City _____ State _____ Zip Code _____

- 3) Your Home Telephone () _____ - _____

- 4) Your Cell Phone () _____ - _____

Do you accept texts at this number? Yes No

- 5) Name of Your Employer _____

- 6) Your Work Telephone () _____ - _____

- 7) Are you the legal owner of this horse? Yes No

If NO, please provide the following information

7.1 Owner's Full Legal Name (*Please include first name, middle initial and last name.*)

7.2 Owner's Physical Home Address (Sorry! No P.O. Boxes.)

Street Address _____

City _____ State _____ Zip Code _____

7.3 Owner's Home Telephone () _____ - _____

7.4 Owner's Cell Phone () _____ - _____

7.4 Owner's Primary Email _____

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5 HILLS QUOTE SHEET

NOW Tell us about YOUR HORSE

Let's get some of the basic information about your horse

- 1) Name of Horse _____
- 2) Breed of Horse _____
- 3) Age (In years) _____
- 4) Sex of horse Gelding (*Sorry! We do not accept stallions.*) Mare
- 5) Is this horse registered? Yes No
5.1 If YES, Registered Name of Horse _____

Tell us a little about where your horse is now and why you're looking for a new home.

- 6) When are you looking to move your horse? _____
- 7) Current Location of Horse
Stable Name _____
Stable Street Address _____
City _____ State _____ Zip Code _____
- 8) Why are you looking to move your horse?

Insurance Information

- 9) Have you personally insured this horse? Yes No
If YES, value of horse: \$ _____
- 10) Have you declared this horse on your personal liability insurance? Yes No

Tell us about your veterinarian and current medications and supplements your horse is taking.

- 11) Name of Veterinarian (*Please include their first name and last name.*)

- 12) Your Veterinarian's Physical Address (*Sorry! No P.O. Boxes.*)
Street Address _____
City _____ State _____ Zip Code _____

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5 HILLS QUOTE SHEET

Veterinarian, medications and supplements continued

13) Your Veterinarian's Telephone () _____

14) Can you provide proof of your horse's negative Coggins test? Yes No

Please note, we will require valid, documented proof from your veterinarian PRIOR to our acceptance of your Boarding Agreement.

15) Is your horse current on Rabies, West Nile, Lyme disease and Distemper vaccinations?

Yes No

Please note, we will require valid, documented proof from your veterinarian PRIOR to our acceptance of your Boarding Agreement.

16) Current Diet of Your Horse

16.1 Hay (in pounds per day) _____

16.2 Grain (in pounds per day) _____ Brand of Grain _____

17) **Medications and Supplements** Please list any current medications or supplements taken by your horse below. Describe the reason for your horse taking medications and supplements; as well as duration the horse will need these medications or supplements. If your horse is not currently not taking any medications or supplements select "Not Applicable".

Not Applicable – My horse is not on any current medications or supplements

17.1 Medication/Supplement _____

Reason for medication/supplement _____

Dosage _____ Daily Weekly Monthly Duration _____

17.2 Medication/Supplement _____

Reason for medication/supplement _____

Dosage _____ Daily Weekly Monthly Duration _____

Is your horse on more than 2 medications or supplements? Yes No

Do you need private accommodations or extra services for your horse?

18) Does your horse require a private paddock? Yes No

Please be aware your horse will have a private stall, but a private paddock for outdoor turn out is at an additional cost.

19) Does your horse require 5 Hills to perform any of the following?

Lunging Number of times per week _____ Duration of session _____ (minutes)

Additional Service 1 Please describe _____

Additional Service 1 Please describe _____

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