			SADE	DLE CLUB				
	(Da	ate)						
Saddle Club Presid	ent							
APPLICATION TO	BOAR	DAH	ORSE(S)					
PART ONE								
	rmissio	on to bo	(Name, Initia	als, Rank if app at the Saddle (		rtify that I/we are the		
legal owner of the h	,	,						
Horse(s) particulars:								
Name	Age	Sex	Breed	Registered	Colour	Marks/Features		
Location horse(s) is coming from:  Date horse arriving at SC:								
3. I can be contacted at the following telephone numbers:								
Home:		W	ork:	Cell:				
(Applicant Signature)			<u> </u>			(Date)		
(President Signature)			APPROVEI	_ APPROVED / NOT APPROVED		(Date)		

## **PART TWO** (To be completed by Stable Master)

## Checks:

Confirmations:	Horse:	Horse:	Horse:			
Prior to Arrival:						
Date of						
Negative Coggins Test:						
Vaccinations						
Strangles						
Dewormer						
Upon Arrival:						
Capillary Refill Time Normal / Slow						
Capillary Colour Pink / White						
Eyes						
Clear / Runny						
Nasal Discharge						
None / Other						
While in Isolation:						
Temperature Upon Arrival						
Temperature 4 <sup>th</sup> Day						
Temperature 7 <sup>th</sup> Day						
All new horses will be de-wormed prior to release from the quarantine pen, if not done prior to arriving at the stables.						
The above-named horse(s) are authorized to be released within the herd.						
Date and time:						

Date

Stable Master or Delegate