

STABLING FORM

AMERICAN HANOVERIAN SOCIETY
2009 Inspection Tour

**PLEASE SEND THIS FORM DIRECTLY TO THE OWNER
OF THE FARM WHERE YOU REQUIRE STABLING**

NAME OF OWNER: _____

ADDRESS: _____

PHONE: _____ FAX: _____

E-MAIL: _____

INSPECTION SITE _____

I am bringing _____ Mare(s) (without a foal)
_____ Mare(s) with a foal
_____ Stallions(s)
_____ Other (e.g. yearlings for branding)

Number of stalls required @ \$ _____ /stall (see site info.) = \$ _____

Grounds Fee for Trailer-Ins @ \$ _____ /horse (see site info) = \$ _____

Total Stabling Fee enclosed _____

Date and approximate time of arrival _____

Special Requirements _____

Stable with _____

Do you need assistance in presenting a horse? _____

Other assistance required (e. g. braiding) _____