



I hereby authorize Ilene Nessenson of Holistic Horse Bodyworks, LLC to obtain the following services if, in her sole judgment, which shall be exercised in accordance with standards of reasonable care, it is deemed necessary based on urgent and/or emergency circumstances:

- 1) Veterinary, farrier and/or any other animal health care provider deemed necessary;
- 2) Any repair person needed to carry out home repairs.

I agree to fully reimburse Holistic Horse Bodyworks for all expenses incurred including, but not limited to, costs for medicine, bandages, health care provider bills, farm implements, home/barn repair bills, supplies need to carry out emergency repairs or emergency animal care, and mileage costs which shall be paid at the prevailing IRS reimbursement rate.

Signature Date

Owner(s) Name(s): _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone #1 : _____ Cell Phone #1: _____

Work Phone #2: _____ Cell Phone #2: _____

Email Address(es): _____

Alarm System Provider Name and # (if applicable): _____

Code Word if Alarm Company Calls: _____

Instructions to Turn Alarm **ON AND OFF**: _____

Contact Information

Name of Equine Veterinarian: _____

Address: _____

City/State/Zip: _____

Office Phone: _____ Cell Phone: _____

Email Address: _____

Name of Other Vet Providing Animal Care: _____

Address: _____

City/State/Zip: _____

Office Phone: _____ Cell Phone: _____

Email Address: _____

List Animals to Whom This Vet Provides Care: _____

Name of Farrier: _____

Address: _____

City/State/Zip: _____

Office Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact Name: _____

Address: _____

City/State/Zip: _____

Office Phone: _____ Cell Phone: _____

Email Address: _____

Name of Neighbor Who Can Provide Assistance if Needed: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Horse Care Information

List Name of All Horses and Provide a Brief Physical Description: (color, markings, height etc.)

Horse #1: _____

Horse #1 Feed Instructions and Meds/Supplements: _____

Horse #2: _____

Horse #2 Feed Instructions and Meds/Supplements: _____

Horse # 3: _____

Horse #3 Feed Instructions and Meds/Supplements: _____

Horse #4: _____

Horse #4 Feed Instructions and Meds/Supplements: _____

Horse #5: _____

Horse #5 Feed Instructions and Meds/Supplements: _____

Horse #6: _____

Horse #6 Feed Instructions and Meds/ Supplements: _____

Note: All stalls will be cleaned daily. Where do you place the manure? _____

Where are extra shavings located? _____

Where is the hay located? _____

Equine Turn Out Instructions

Order of turn out (if any):

Turn Out Buddies: _____

Who gets turned out solo (if there is more than 1 horse)? _____

Does the horse(s) have stall blanket(s)? Yes No

If yes and more than one horse, please label the blankets, the hooks or provide a description of which stall blanket belongs to which horse (even if they will be wearing them when you leave.) _____

Does the horse(s) have turn out blanket(s) that are different from their stall blanket(s)? Yes No

If yes and more than one horse, please label the blankets, the hooks or provide a description of which turn out blanket belongs to which horse. _____

Please list any other pertinent turn out instructions AND information about the horses which will be helpful such as behavioral information, who likes/dislikes whom, cross-tie issues etc.: _____

Do you want your horse(s) to receive a massage? ____ Yes ____ No If yes, who? (cost of massage will be billed separately and is not included in animal/home sitting services) _____

Dog/Cat Care Information

List Name of All Dogs and Cats and Provide a Brief Physical Description: (color, markings, height etc.)

Dog #1: _____

Dog #1 Feed Instructions and Meds/Supplements: _____

Dog #2: _____

Dog #2 Feed Instructions and Meds/Supplements: _____

Dog # 3: _____

Dog #3 Feed Instructions and Meds/Supplements: _____

Where is your dog food, including treats, located? _____

Are any of your dogs food protective? ____ Yes ____ No If yes, do they need to be fed separately?

Do you want your dog(s) to receive a massage? ____ Yes ____ No If yes, who? (cost of massage will be billed separately and is not included in animal/home sitting services) _____

Any special dog walking instructions? _____

Cat #1: _____

Cat #1 Feed Instructions and Meds/Supplements: _____

Cat #2: _____

Cat #2 Feed Instructions and Meds/Supplements: _____

Cat #3: _____

Cat #3 Feed Instructions and Meds/Supplements: _____

Where is your cat litter located? _____

Where is your cat food located? _____

Please indicate which cats are indoor only. _____

Please list any pertinent care instructions regarding your dogs and/or cats including any behavioral issues, location of rags to wipe paws etc. _____

Other Pets

Please list any other pets, livestock, fish etc. including care and feeding instructions. _____

Other Home Related Information

Do you have a wireless network? If so, what is the password if it is secured? _____

If not, where is the cable to connect located? _____

How will I get a key from you for the house? Mailbox? Other? _____

If your home and/or barn have an electronic gate, what is the code? _____

TV Operation Instructions: _____

Do you have any indoor and/or outdoor plants/shrubs/grass that need to be watered? If yes, how often? _____

Please state any other information you would like me to know about your animals, home, farm, barn, neighbors etc. _____

NOTE: Payment for services is due at the time of my arrival at your home. An invoice will be emailed to you before I arrive. Please leave a check, cash or money order on the kitchen counter if you will not be home. If any additional expenses are incurring during my stay or if you have indicated you would like any of your animals massaged, you will received a separate bill after your return which is due and payable within 10 days of receipt.

Thank you for your business.