



Stable Hands Byron Bay

Equestrian Property Sitting & Mobile Horse Care

ABN: 79 410 795 422

IMPORTANT: Horses MUST be well behaved & used to being haltered & handled for the services we are being asked to provide & carry out. We reserve the right to refuse to work with any horse that demonstrates dangerous or difficult behaviour, or that has not received adequate groundwork/training, & will immediately cease any services that are a risk to health & safety.

STABLE/HORSE CARE MANAGEMENT FORM

Owner Contact Information

Owner:	Home Phone:
Address:	Mobile:
City/State/Postcode:	Email:

Other Owners/Contacts:	Phone:
Local Contact:	Phone:

Main Contact number while away:	
Email/text updates/pictures:	

Veterinary Contact Information

Vet:	Vet Phone:
Clinic Name:	Clinic Phone:
Contact Preferences in case of emergency:	
I give authorisation for 'Stable Hands Byron Bay' to seek medical treatment for my horse(s) up to the value of \$_____, in case of emergency and I, _____, cannot be contacted.	
Signed: _____ Date: _____	

Farrier Contact Information

Farrier:	Phone:
Business name:	
Procedure for cracks or loose/lost shoes:	

NOTE: All care, feeding and veterinary information should be posted in your stables or property. However, we will keep the following information on file. We will complete this form with you at your initial meeting or you can complete it first and we will review the information when we meet.



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Pets at this property (Note: there is a separate form for dogs/cats/other)

# of Horses ____	# of Dogs ____	# of Cats ____	# of Goats ____	Other ____
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Owner:	Please write all horses names/colour age below
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Name	Age	Colour/markings	Height
1.			
2.			
3.			
4.			
5.			

HORSE INFORMATION

Please write the horses names next to the behaviour listed below, plus any additional information I need to know.

Behaviour/Personality

Mellow/bombproof	
Sane/ average	
Highly Strung	

Doesn't Like

Sprays	
Water hoses	
Ears touched	
Noises (e.g. leaf blower)	
Storms/thunder	
Cross-ties	

Handling Behaviour: Horses MUST be able to be handled safely for what we are being asked to do with them

Stands for grooming	
Stands for farrier	
Behaves for vet	

Reactions

Kicks or bites	
Rears or bucks	
Escapes or runs	



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We will assume your horses know these basic commands – please indicate if they DO NOT know or obey one.

Stand Back Over Easy	Also let us know if there are any specific commands you use, or any specific noise/word you use if they misbehave:
Will they come when called?	Yes No

Medical Information & Health Issues

Hendra Vaccinated	
Foundered	
History of colic	
Old Injuries to watch	
Medication, how & when to be given	
Other:	

HORSE TURN OUT INFORMATION

Please specify any particular equipment you prefer to use

Haltering

Halters are kept: _____

Required for catching	
On for turnout only (not on in stable)	
Other (required for grooming etc)	

Rugs

Rugs are kept: _____

Not rugged	
Rugs as specified on visit	

Turn Out/Bring In

(specify if separate paddock/feeding pen/stable)

Catch & release for feeding	
On 24 hour box rest	
In/out stable <small>(specify if stabled at night or during the day)</small>	
Any particular halter used to lead out	
No turnout in rain	



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Bring in in rain	
Bring to fenced area	

Herd Mentality

Order of turn-out or feeding: please tell us who goes out first, second etc. Also, if there is anyone who tries to escape, rush gate or bully friends

Fence Details

Please let us know if you use electric fencing, where the power is etc. Should gates be left open/closed, pasture/paddock rotation etc.

PROPERTY/BARN/STABLE INFORMATION

Property Details: home property paddock other: _____

Property address, if different Owner's address above

Street Address:
City/state/postcode:

Is property/gate locked or code box, how do you gain access? Lights on or off. Feed and tack room access as necessary. Please indicate preferences and show locations during our meeting

Mucking stable preferences (manure disposal, bedding, timing, leave up to dry/ put down bed)



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HORSE FEEDING INSTRUCTIONS

WATER: All stable buckets will be cleaned and changed daily. Outside water buckets/cleaned/changed as required. We will need to know the water source location (hose, buckets, tap, automatic, etc.).

TREATS: We would love to bring apples and/or carrots for horses and treats for other barn yard companions. Please advise their favourite snack and any restrictions (e.g. no hand feeding).

FEEDING: We would like to have a general record of your feed schedule below. However, due to the differing diets of many horses we ask that an up to date list of feed requirements be posted at your property. Please include **supplements & medications if given in feed.**

We are happy to make up feeds when we visit with clear instructions below, and we will wash feed buckets & put them away after feeding if required.

Special Notes

Please tell us who should be fed first, second, etc. If any of the horses tend to eat quickly/slowly/may leave some. etc.
Also order of feed (hay first, grain, some hay inside/some outside), and where buckets are kept for us to make up feeds and put away after feeding.

Visits/feeds required per day

- Once daily - please state preferred time
Morning, OR

Evening

Twice daily - please state preferred times: 1st feed

2nd feed

HAY: Location of hay in barn _____

Where to feed (in stall/outside) _____

HARD FEED: Location of feed in barn _____

Where to feed (in stall/outside) _____



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ONE FEED ONLY

Horse	# hay Flakes	Hard Feed, including supplements/medications, dry/wet/soak

SECOND FEED

Horse	# of Flakes	Hard Feed, including supplements/medications, also dry/wet/soak

HORSE GROOMING

Please tell us if there is anything in particular we need to know when grooming/bathing your horses, any ticklish or sore spots/places or things they don't like; any sprays/ointments/shampoo you use for flies/hooves/skin conditions and would like us to use

Horse	Any specific products used with directions; ticklish spots & reactions etc

