



Charlotte Price

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ARRIVAL INFORMATION

DATE ARRIVED: _____ DATE DEPARTED: _____

HORSE INFO:

Horse's Stable Name: _____

Horse's Comp Name: _____

Hendra Vaccinated: YES /NO Date of last Vaccination

Colour: _____ Height _____

DOB: _____ Sex _____

SIRE: _____ DAM: _____

Intended Duration of Stay: _____

Purpose of Stay: _____

Previous Experience / Education: _____

EA Number: FEI Number

Microchip Number

GEAR / RUGS LEFT:

FEED: AM: _____ PM: _____

OWNER'S INFO:

Name: _____

Phone: _____ Mobile: _____

Fax: _____ EA Number _____

Email: _____

Address: _____

ASKING PRICE IF FOR SALE: _____

CPM Equestrian, employees and associates except no responsibility to risk, loss, damage, injury, ailment, or death while being on the property. All bills must be finalised and paid in full before a horse leaves the property.

I Agree to the terms and conditions

Owner Signature: _____