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Pataskala, OH 43062
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Bruce Davidson Clinic Form

First Name: _____ Last Name: _____ DOB: _____

Address: _____ Cell Phone Number: _____

Horse Name: _____ Age: _____ Breed: _____ Circle: M G

Vaccinations _____ Coggins: _____

Check One:

Trailer-in __(\$35 per day) Boarding__(\$135 Friday 5 p.m., Saturday, Sunday and Friday warm up 5-8 p.m. included) Turnout__(\$50 per day)

Shaving \$7 per bag __ 4 bags or __ 5 bags __ \$25 per day for Hay or __bring own hay

Saturday Night Dinner with Bruce Davidson __\$85

(Prices include Continental Breakfast and Lunch on Saturday and Sunday for riders only)

Audit ____\$25 per day on Saturday____ Sunday____ Audit Saturday Night Dinner____ \$85

Emergency Contact:

Name: _____ Relationship: _____

Work Phone: _____ Cell Phone: _____

Medicine Allergies: _____

Medical Condition: _____

Food Allergies: _____