



# Equine Services Official Permit

The Arabian Horse Association (AHA) is in no way responsible for the services rendered by any veterinarian, farrier, therapist or chiropractor. Any private veterinarian or farrier (not the AHA Official Show Veterinarian or Farrier), therapist or chiropractor must fill out this document in its entirety. A veterinarian must provide a copy of state veterinarian license, and if aware of any communicable disease a horse may have, must notify the Show Veterinarian immediately. AHA will provide you with the necessary show credentials enabling you to work with your clients as listed.

**BY SIGNING BELOW I VERIFY THAT NO INFORMATION HAS BEEN MISREPRESENTED IN ANY WAY ON THIS PERMIT. I ACKNOWLEDGE THAT I HAVE READ THE RULES GOVERNING EQUINE SERVICES LISTED IN THE GENERAL RULES OF THE OMNIBUS; I AGREE TO THESE RULES IN ALL RESPECTS; AND I AGREE TO FULLY COMPLY WITH THESE RULES AND WITH THE RULES AND REGULATIONS OF AHA. I ALSO UNDERSTAND THAT THERE WILL BE NO REFUNDS FOR EQUINE SERVICES PERMIT.**

## VETERINARIAN / FARRIER / THERAPIST / CHIROPRACTOR INFORMATION

Name of Provider \_\_\_\_\_ AHA # If applicable \_\_\_\_\_  
Business Name \_\_\_\_\_ AHA # If applicable \_\_\_\_\_  
Web Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

## CLIENT INFORMATION

In making this application, I hereby give permission to the above named Vet or Farrier Vendor to attend to the horse(s) under my care/ownership. (\*Does not need to be filled out for Massage, Chiropractic, Acupuncture, etc.)

Farm Name(s) \_\_\_\_\_  
Owner/Trainers Name(s) \_\_\_\_\_  
Trainer/Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Event Information	Show Year	Previous Vendor? Check One		Private Farrier Permit	Private Vet Permit	Massage Therapist Chiropractor Acupuncturist	Total Enclosed
Youth Nationals		Yes	No	<input type="checkbox"/> \$1250	<input type="checkbox"/> \$1500	<input type="checkbox"/> \$500	
Sport Horse Nationals		Yes	No	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$500	
U.S. Nationals		Yes	No	<input type="checkbox"/> \$1250	<input type="checkbox"/> \$2500	<input type="checkbox"/> \$500	

### Method Of Payment (US Funds Only)

A required 3% Convenience Fee (calculated by AHA) will be added for electronic payments.  
A Convenience Fee charge does not apply if the customer submits payment by cash, check or money order.

Credit Card  Check Enclosed- Payable to AHA Check # \_\_\_\_\_

Credit Card#		\$
Print Name as it appears on CC		
Exp Date	CVV	Signature
Credit Card Billing Address (include zip)		

