



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 fee of up to 3% may be assessed to cover the cost of acceptance for electronic payments. This fee is not applicable if the payment is by cash, check, money order or ACH.

Check (Payable to AHA) Check # _____ ACH Credit Card Total Amount Due \$ _____

ACH Information: Account Type: Savings Checking Bank Routing #: Bank Acct #:

Credit Card# \$ _____

Print Name as it appears on CC Name:

Exp Date CVV Signature

Credit Card Billing Address (include zip)

