CANADIAN INTERPROVINCIAL EQUESTRIAN CHAMPIONSHIPS | CHAMPIONNATS ÉQUESTRES INTERPROVINCIAUX DU CANADA

EQUINE CANADA | HIPPIQUE CANADA

CEIC LEASE HORSE APPLICATION
SEPTEMBER 25-27, 2015 - WESLEY CLOVER PARKS, OTTAWA, ONTARIO

Competition Discipline: Dressage ☐ Jumping ☐ Reining ☐

HORSE	OWNER
Show Horse Name:	Owner Name:
Horse Age:	Owner P/TSO Number:
Horse Insured Full Mortality: Yes ☐ or No ☐ Colic Insurance: Yes ☐ or No ☐ Major Medical: Yes ☐ or No ☐	Owner Phone Number: Owner Email:
Horse has a **negative Coggins Test** conducted on 2015: Yes ☐ or No ☐	Owner Address: City: Province: Postal Code:

COMPETITION HISTORY		
For Dressage	**For Jumping**	**For Reining**
My horse has competed in First level (test 2 & 3) or higher with a minimum score of 64% and has shown at Equine Canada competitions in 2014 and/or 2015. **Yes** ☐ **No** ☐	My horse has competed at 1.10m or higher and has shown at Equine Canada competitions in 2014 and/or 2015. **Yes** ☐ **No** ☐	My horse has competed in reining with a minimum score of 68 and has shown at NRHA competitions and/or Equine Canada classes in 2013, 2014 and/or 2015. **Yes** ☐ **No** ☐

Names and dates of horse shows competed out of Ontario (please provide official results):

_____

_____

By checking the following boxes, I understand, agree and will comply with the following statements/requirements:

☐ I am aware that a brief vet exam/jog will be performed on arrival of my horse at the show grounds, to ensure it is fit for competition; said exam/jog at the expense of the Organizing Committee.

☐ I am aware of the arrival and departure dates/times required for the leased horses for the CIEC and that I am to transport my horse to and from the show grounds at my expense.

☐ I will be required to supply grain for my horse (if applicable) as well as all the equipment/tack for the horse. Hay and stalls provided at the expense of the Organizing Committee.

Please indicate the number of flakes of hay to be fed per day ___.

_____ _____ _____

Owner Name Owner Signature Date

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