

**American Hanoverian & Rhineland  
201: Inspection Tour Host Information**

**INSPECTION SITE NAME:** \_\_\_\_\_

**Inspection Date:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Best Time to Call:** \_\_\_\_\_

**Alt. Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**PLEASE FILL IN APPROPRIATE INFORMATION IN BOXES BELOW:**

Check the type of arena and specify size of arena and footing which will be used for the Inspection:

Outdoor Arena      Size: \_\_\_\_\_ Type of Footing: \_\_\_\_\_

Indoor Arena      Size: \_\_\_\_\_ Type of Footing: \_\_\_\_\_

Outdoor Paddock/Field      Type of Footing: \_\_\_\_\_

Check the appropriate boxes regarding the Mare Performance Test:

Not offered at this site

Will hold a MPT with the following specifications:

*Note: the Free-jumping phase must be held before the under saddle portion:*

Free Jumping

In Indoor Arena

**Preferred Option**

In Outdoor Chute

NOTE: Sites utilizing outdoor chutes

*need to speak with the Inspection Committee to discuss set-up.*

Under Saddle Test: \_\_\_\_\_

Indoor Arena, Size, Footing

Outdoor Arena, Size, Footing

Is Warm-Up area available:      Yes      No

If Yes, specify whether Indoor/Outdoor, Type of Footing:

\_\_\_\_\_

**ORDER OF GO:**

The order of go/schedule at each site typically follows a standard format jointly approved by the AHS Mare and Stallion Committee and the Hanoverian Verband.

- Registration
- Mare Performance Test Free Jumping
- Inspection of non-Hanoverian Mares
- Under saddle portion of the MPT
- Inspection of Hanoverian Mares
- Foal Presentations
- Futurity Classes

**TIME SCHEDULE:** *Note: The time schedule may be revised closer to the inspection date by the Site Host and the AHS Inspection Committee based upon site entries (number of horses) and the finalized travel schedule.*

Earliest Day/Arrival Time: \_\_\_\_\_

Registration Estimated Start Time: \_\_\_\_\_

Inspection Estimated Start Time: \_\_\_\_\_

Other Schedule Notes: \_\_\_\_\_

**HOST SITE DETAILS:**

**Stabling/Veterinarian/Fee Policy**

Will Stabling be Available?      Yes                  No

If yes, please answer the following: Is Stabling Limited?      Yes                  No

Type of Stalls Available: \_\_\_\_\_

Cost, if applicable:    \$ \_\_\_\_\_ / per stall per night

                                  \$ \_\_\_\_\_ for the day

                                  \$ \_\_\_\_\_ Grounds Fee *if applicable*

                                  No Charge for Stabling

Grounds Fee is      per horse OR      per owner OR      per trailer      no grounds fee

Number of Stalls Available:

\_\_\_\_\_ (number) permanent stalls available on grounds

\_\_\_\_\_ (number) temporary stalls available on grounds

\_\_\_\_\_ (number) of permanent stalls available \_\_\_\_\_ miles from site

\_\_\_\_\_ (number) of temporary stalls available \_\_\_\_\_ miles from site.

Type of Bedding:                  Straw

  Shavings

  Other (*please specify*) \_\_\_\_\_

Bedding/Hay available for purchase on grounds:      Yes                  No.

If there are any additional stabling notes/restrictions, please explain:

\_\_\_\_\_

If there are any restrictions regarding arrival schedule, please explain:

Make Stabling Checks Payable to: \_\_\_\_\_

Payment should be made: \_\_\_\_\_ At time of reservations \_\_\_\_\_ Upon arrival

Refund policy: \_\_\_\_\_

Name of Veterinarian who will be on call: \_\_\_\_\_

Veterinarian's Telephone Number: \_\_\_\_\_

**BRANDING:**

It is the responsibility of the host to either provide or arrange for the provision of a blacksmith's forge. *Note: Due to damage to brands, charcoal fires, pipes, gas grills and/or acetylene torches will not be used in lieu of a forge. NO EXCEPTIONS.*

Name of individual who will provide a blacksmith's forge: \_\_\_\_\_

**ACCOMMODATIONS:**

Please list two or three motels within easy travel distance of your inspection. We recommend including at least a couple of national chains such as Holiday Inn, Best Western, or Comfort Inn and Suites.

\_\_\_\_\_ Phone: \_\_\_\_\_ Miles from Site: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Miles from Site: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Miles from Site: \_\_\_\_\_

**OTHER INFORMATION:**

This site will be limited to \_\_\_\_\_ number of horse OR No Limit

Health Requirements for incoming horses:

Coggins Test

Health Certificate

Other, explain on next line:

Will Food be Available? If Yes, Available \_\_\_\_\_ For Purchase; OR \_\_\_\_\_ Compliments of Host  
Food will not be available.

Spectator Seating Available Near Arena

No Dogs on Grounds; Dogs welcome but must be leashed.

Parking Limited OR Parking Extensive

Type of Parking Surface: \_\_\_\_\_

Any Restrictions on lengths of trailers coming in: If so, specify: \_\_\_\_\_

**DIRECTIONS TO SITE:**

Name of facility where inspection will be held: \_\_\_\_\_

Address of facility where inspection will be held: \_\_\_\_\_

Phone Number of Facility: \_\_\_\_\_

Please provide concise directions to site from a major road and/or the closest town:

List any additional site information:

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