

**American Hanoverian Society &
Rhineland Studbook
2020 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

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:
