

# PRE-SHOW FEED & BEDDING ORDER & HORSE WATCH

## DELIVERY INFORMATION

Trainer's Name \_\_\_\_\_  
(Trainer's Name - Not Farm Name)

Arrival Date \_\_\_\_\_ Arrival Time \_\_\_\_\_

Stable With \_\_\_\_\_  
(If different from Trainer above) (Trainer's Name - Not Farm Name)



## ORDER INFORMATION

Shavings \_\_\_\_\_  
(45 bags in a pallet)

Hay (T&A) \_\_\_\_\_

Omolene 100 \_\_\_\_\_  
(10% Sweetfeed)

Omolene 200 \_\_\_\_\_  
(14% Sweetfeed)

Omolene 400 \_\_\_\_\_  
(12% High Fiber)

Impact \_\_\_\_\_  
(10% Pellet)

Purina Equine Senior \_\_\_\_\_

Purina Strategy GX \_\_\_\_\_

Oats - crimped \_\_\_\_\_

Bran \_\_\_\_\_

Purina Strategy  
Healthy Edge \_\_\_\_\_

Ultium \_\_\_\_\_

Alfalfa Cubes \_\_\_\_\_

Beet Pulp \_\_\_\_\_

## BILLING INFORMATION - PLEASE READ CAREFULLY

**1. IF BILLED TO TRAINER:** Enter Trainer's Name (DO NOT Use Farm Name) TRAINERS PLEASE NOTE: You may split your charges for feed and bedding among your customers

after arrival. This must be done in the show office by Friday of each horse show week. You should advise your customers that these charges will be on their horse show bill and that they should not check out until after you have split your charges. Only the total dollar amount will be split, i.e., we will not split specific quantities of shavings or hay to each customer. However, you may charge different dollar amounts to your customers to account for individual usage.

**Bill To:** Trainer Name \_\_\_\_\_  
(Trainer's Name - Not Farm Name)

**OR**

**2. IF BILLED TO INDIVIDUAL:** Enter Horse Name (of horse entered in show), Owner Name and Trainer Name.

**Bill To:** Horse Name \_\_\_\_\_

Owner Name \_\_\_\_\_

Trainer Name \_\_\_\_\_  
(Trainer's Name - Not Farm Name)

**ALL PRE-SHOW ORDERS  
MUST BE ON THIS FORM**

## YOU MAY SEND THIS FORM WITH YOUR ENTRIES OR FAX AT A LATER DATE

During to the Horse Shows please fax to 352.620.2794. You may also place your order online at HITSShows.com.

**ENTRIES MAY NOT BE FAXED**

**DO NOT PHONE IN FEED ORDERS**

Ordered By \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## HITS OCALA HORSE WATCH

(Please complete this form. Horse Watch is a mandatory service. See Rules and Regulations.)

**Trainer** \_\_\_\_\_ Cell \_\_\_\_\_

Arrival Date \_\_\_\_\_ Depart Date \_\_\_\_\_ Farm Name \_\_\_\_\_

Hotel Name or  
On-site RV description \_\_\_\_\_ Rm/Lot # \_\_\_\_\_ Hotel Ph \_\_\_\_\_

**Emergency Contact 1** \_\_\_\_\_ Cell \_\_\_\_\_

Hotel Name or  
On-site RV description \_\_\_\_\_ Rm/Lot # \_\_\_\_\_ Hotel Ph \_\_\_\_\_

**Emergency Contact 2** \_\_\_\_\_ Cell \_\_\_\_\_

Hotel Name or  
On-site RV description \_\_\_\_\_ Rm /Lot # \_\_\_\_\_ Hotel Ph \_\_\_\_\_