



SHAVINGS & HAY ORDER FORM

RIDER NAME: _____

HORSE NAME: _____

ARRIVAL DATE: _____

SHAVINGS _____ x \$8 = _____

BERMUDA HAY _____ x \$15 = _____

ALFALFA HAY _____ x \$15 = _____

TOTAL = _____

OFFICIAL USE

CHECK #: _____

AMOUNT PAID: _____

DELIVERED: _____