

High Point Stables, LLC
2534 E. Vermontville Hwy.
Charlotte, MI 48813

AUTHORIZED USER LIST

I, _____, as the Owner of the horse(s) named _____
authorize the following person(s) to handle, ride, medicate, or in any way "work with" my
horse(s). I understand an employee or agents of the Stable is automatically an authorized
user to handle or medicate, but not to ride my horse(s).

Date: _____

Name: _____

Phone number(s): _____

Sex: _____

Authorized for:

Date: _____

Name: _____

Phone number(s): _____

Sex: _____

Authorized for:

Signed: _____

Date: _____