

**REDSTONE ARSENAL SADDLE ACTIVITY**

**APPLICATION FOR PATRONAGE**

I hereby apply for patronage in the Redstone Arsenal Saddle Activity.

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

RANK/GRADE/TITLE \_\_\_\_\_ SSN: \_\_\_\_\_

**ELIGIBILITY STATUS:**

- Active Duty Military                       Reserve                       National Guard
- Retired Military                       Retired Reserved                       RSA/NASA Civilian
- RSA/NASA Contractor                       RSA/NASA Retired Civilian

Employed By: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

**Names of Family Members Utilizing Stable Activity:**

\_\_\_\_\_ DOB: \_\_\_\_\_  
\_\_\_\_\_ DOB: \_\_\_\_\_  
\_\_\_\_\_ DOB: \_\_\_\_\_  
\_\_\_\_\_ DOB: \_\_\_\_\_  
\_\_\_\_\_ DOB: \_\_\_\_\_

**Number of Horses to be Boarded:** \_\_\_\_\_

Name:	Description:	Age:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**VETERINARY REQUIREMENTS PRIOR TO ARRIVAL:** A negative Coggins (EIA) test within 6 months, rabies, tetanus, Rhinophneumonitis, Strangles and Eastern/Western Encephalomyelitis Vaccinations must have been administered a minimum of seven days but not more than 6 months prior to arrival. Horses arriving from out of state must also have a health certificate less than 30 days old. Copies of these records, as well as, any periodically required vaccinations will remain of file with both the Outdoor Recreation Administrative Office and the office of the Post Veterinarian. All vaccinations must be administered by a licensed representative and signed by that individual.

All cats brought to the Saddle Activity must have Rabies and Distemper Vaccinations annually and of said vaccinations must be provided to Outdoor Recreation. Cats must also be neutered or spayed. There is a three cat limit per patron family.

**FEES:**

NEW MEMBER FEE (one time fee)	\$35.00
NEW HORSE FEE (one time for each horse)	\$30.00
BARN FEE per MONTH: ½ Barn	\$50.00
1 Barn	\$75.00
PASTURE FEE per HORSE per MONTH	\$45.00

The Saddle Activity Employee will assign a quarantine pen prior to horse(s) arrival.

I have read and am familiar with the RSA Saddle Activity SOP and will fulfill my responsibilities as a patron. I release the U.s. Government, the RSA Saddle Activity and its appointed officials from responsibility for loss or injury to my property, horse, dependents, guests or myself. I accept full responsibility for all acts of my dependents, guests and horses. I am aware that personal liability insurance is available, though not required by the SOP.

SIGNATURE OF APPLICANT	DATE	SIGNATURE OF STAFF	DATE
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PLEASE PROVIDE COPIES OF VARIFICATION FOR THE FOLLOWING ALONG WITH YOUR COMPLETED APPLICATION TO THE SADDLE ACTIVITY EMPLOYEE, MAIL or FAX TO:

OUTDOOR RECREATION FAX: 256-842-9134  
 ATTN: SADDLE ACTIVITY  
 5132 SPORTSMAN DRIVE  
 P.O. BOX 8192  
 REDSTONE ARSENAL, AL 35808

**HORSES:**

COGGINS:	DATE: _____	RABIES VACCINATION:	DATE: _____
WORMING:	DATE: _____	RHINOPNEUMONITIS VAC	DATE: _____
STRANGLES:	DATE: _____	EAST./WEST.ENCEPHAL.	DATE: _____
HEALTH CERTIFICATE (IF COMING FROM ANOTHER STATE)			DATE: _____

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**CATS:**

NUMBER OF CATS: \_\_\_\_\_; DESCRIPTIONS: \_\_\_\_\_  
 RABIES VACCINATION: \_\_\_\_\_ DATE: \_\_\_\_\_  
 DISTEMPER VACCINATION: \_\_\_\_\_ DATE: \_\_\_\_\_  
 NEUTERED DATE: \_\_\_\_\_; SPAYED DATE: \_\_\_\_\_

Your proposed date to bring horse(s) onto Saddle Activity grounds: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm    dd    yyyy    \_\_\_\_\_ (weekday)

**WELCOME TO THE RSA SADDLE ACTIVITY!!!**

PRIVACY ACT STATEMENT

REQUIREMENT – This information is provided pursuant to Public Law 93-579 Privacy Act of 1974  
 AUTHORITY – Title 10, USC Sec 2671; Title 18, USC Sec. 1382 and 1383; EO 8307 Title 5, USC Sec 7902.  
 ROUTINE USES – The information on this form is used in the administration of the RSA Saddle Activity. The purpose of this form is to identify eligible patrons and for verification in case of emergency.  
 EFFECTS OF NONDISCLOSURE – Personal information provided on this form is given on a voluntary basis. Failure to provide this information may result in ineligibility for participation in the Saddle Activity.  
 INFORMATION REGARDING DISCLOSURE OF SSN – Under Public Law 93.579. The use of SSN is made necessary because of the large number of Federal employees with the same name and birth date, and whose identities can only be distinguished by the SSN.