



Horse Power Healing Center Horse Sponsorship Form

Name: _____
(Individual, Company or Group)

Address: _____

City, State, Zip: _____

Email: _____ Website: _____

Name of the Horse(s) you wish to Sponsor: _____

Inscription for certificate on stall door: _____

_____ I would like to have a picture taken with my sponsored horse.

Type of Sponsorship desired:

Horse Feed/Care: ___\$75 Weekly ___\$300 Monthly ___\$3600 Year

Joint Supplements ___\$35 month ___\$420 year (Note: some horses use more than one supplement a month).

Worming one horse for a year ___\$40

Farrier (no shoes) ___\$30 per visit ___\$180 per year

Dental minimum ___\$100 per visit

Chiropractor ___\$100 per visit

Fly Spray (spring/summer months) for one horse ___\$25 per month ___\$120 three months

Other Amount: _____

Payment Type: ___ Check ___ Master Card ___ Visa

Card #: _____ 3 digit code _____

Expiration: _____

Signature: _____

**Please fill out and mail or fax to:
Horse Power Healing Center
S.101 W.34628 Hwy LO
Eagle, WI 53119
Phone: 262-594-3667
Fax: 262-594-5136**