



Stall Reservation Form

Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Email: _____

Arrival Date: _____ Departure Date: _____

Approximate Arrival Time: _____ AM PM

STALL RENTAL FEES (bagged shavings MUST be purchased through DSRP)

1. \$20.00/stall/night # Stalls _____ x # days _____ x \$20.00 = \$ _____
2. Shavings – 2 bag minimum/stall = \$16.00/stall # Stalls (from line above) _____ x \$16.00 = \$ _____
3. Optional Additional bags of shavings \$8.00 each bag # bags _____ x \$8.00 = \$ _____

TOTAL STALL FEES DUE: Line 1 total \$ _____ + Line 2 Total \$ _____ + Line 3 Total \$ _____ = \$ _____

Animal Type (horse, dog, lamb, goat, pig, etc.)	Sex (Male, Female, Gelding, Stallion, Mare)	Color & Identifying Markings	Coggins Checked	Notes

I understand that I, or my designee, are solely responsible for the care of my animal(s) including feed, water and any other needs of said animal(s). Dripping Springs Ranch Park Staff is not responsible for the care of my animal(s). Sick or injured animals cannot be housed at DSRP.

I hereby agree to indemnify and hold harmless the City of Dripping Springs, Dripping Springs Ranch Park and its officers and employees from and against any and all liabilities for any injury to person, animal or property which may be suffered by me, any persons accompanying me or by my animal arising out of or in any way connected with participation in the stall rental noted above. By signing below, I declare I have read, understand, and agree to abide by the existing said Policies and Park Rules. I understand that I may request to have a copy of the Policies and Park Rules for my possession.

Owner Printed Name Owner Signature Date

Payment due upon check-in. (Check (payable to DSRP), Cash (correct change required), Credit/Debit Card
(Convenience fee 2.75% swiped, 3.75% keyed or called in))