

Equine Boarding Application

Application Instructions: Please fill out this form as completely as possible. If a question does not apply to you, please write "N/A" rather than leaving the answer blank. Please note that failure to complete the application accurately and fully may result in denial of your application.

1. Applicant.

First name: _____ Middle name: _____ Last name: _____
 Street address: _____
 City: _____ State: _____ Zip: _____
 Mailing address (if different than above): _____
 Home phone: _____ Cell phone: _____ Work phone: _____
 Name of employer: _____ Your job title: _____
 Work address: _____

2. Horse(s) to be Boarded.

Additional horses may be listed on Attachment A.

Horse's show (registered) name: _____
 Horse's barn name (nickname): _____
 Horse is a (check one): Mare Gelding Stallion
 Horse's color and markings: _____
 Breed, breed registry and reg. no: _____
 Tattoos, brands or other identifying marks: _____
 Horse's age: _____
 Horse's current value: \$ _____
 Horse has an embedded microchip? Check one: Yes No Microchip #: _____
 Horse has a passport? Check one: Yes No Passport #: _____ Country: _____
 Horse's owner(s): _____
 If horse is a mare, is she in foal? Check one: Yes No
 If yes, please specify approximate foaling date: _____
 Do you expect that your mare will deliver her foal at this facility? Check one: Yes No

3. How You Heard about Our Facility.

How did you hear about our facility? Check as applicable:

Personal referral. Whom can we thank? _____
 Advertisement in/on: _____
 Other (please specify): _____

4. Reasons for Moving to Our Facility.

Why would you like to move your horse(s) to our facility? Check as applicable:

Horse accommodations (e.g., stalls, pastures, paddocks)
 Amenities (e.g., arenas, trails)
 On-site trainer(s) or riding instruction
 Cost
 Location
 Available services (e.g., turnout, blanketing)
 Other (please specify): _____

5. Horse History.

5.1. Horse Ownership. Are you currently the sole owner of each one of your horses? Check one: Yes No

If no, please explain: _____



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5.2. Colic and Other Medical Issues. Do any of your horses have any history of colic or other medical problems?

Check one: Yes No

If yes, please explain: _____

5.3. Allergies. Do any of your horses have any allergies, such as to feed, bedding or medication?

Check one: Yes No

If yes, please explain: _____

5.4. Feed Needs. Do any of your horses have any special feed needs, such as supplements, low-carbohydrate feed, etc.? Check one: Yes No

If yes, please explain: _____

5.5. Bedding Needs. Do any of your horses have any special bedding needs? Check one: Yes No

If yes, please explain: _____

5.6. Behavioral Issues. Do any of your horses have any history of any behavioral issues, for example, pulling back when tied? Check one: Yes No

If yes, please explain: _____

5.7. Stable Vices. Do any of your horses have any stable vices, such as cribbing, chewing, windsucking, weaving, stall walking, or digging? Check one: Yes No

If yes, please explain: _____

5.8. Escaping. Do any of your horses have a history of escaping from stalls, paddocks, pastures or other enclosures?

Check one: Yes No

If yes, please explain: _____

5.9. Other Special Needs. Do any of your horses have any other special needs? Check one: Yes No

If yes, please explain: _____

6. Current Location of Horse(s). Where do you currently keep your horse(s)? Check as applicable:

Not applicable – just purchased horse.

At a boarding facility:

Name of facility: _____

Contact person: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Website: _____

May we contact this facility for a reference? Check one: Yes No

At a private residence other than my home:

Property owner: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

May we contact this person for a reference? Check one: Yes No



At my home, which I rent.
 Property owner: _____
 Street address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 May we contact this person for a reference? Check one: Yes No

At my home, which I own.
 How long have you kept your horses at the above facility? _____

7. Previous Location of Horse(s). Before the location(s) specified in the question above, where did you keep your horses? Check as applicable:

Not applicable, the answer to question #6 is the only place where I've kept my horse(s).
 At a boarding facility:
 Name of facility: _____
 Contact person: _____
 Street address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 Website: _____
 May we contact this facility for a reference? Check one: Yes No

At a private residence other than my home:
 Property owner: _____
 Street address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 May we contact this person for a reference? Check one: Yes No

At my home, which I rent.
 Property owner: _____
 Street address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 May we contact this person for a reference? Check one: Yes No

At my home, which I own.
 How long have you kept your horses at the above facility? _____

8. Reasons for Moving Horse(s) from Other Facilities. Either in your current situation or in situations where you've moved your horse(s) in the past, what factors influenced your decision to move? Check as applicable:

- My home or work location changed
- Facility was too expensive
- Facility was not well-maintained
- Facility didn't have enough amenities (e.g., arenas, trails)
- Facility was too crowded
- Facility didn't offer enough services (e.g., blanketing, turnout)
- Difficult people made spending time at facility unpleasant
- Other (please specify): _____

9. Veterinarian. The primary care veterinarian for my horse(s) is:

Clinic name: _____ Veterinarian name: _____
 Street address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 Website: _____
 Can we contact your veterinarian for a reference? Check one: Yes No



10. Farrier. The primary farrier for my horse(s) is:

Business name: _____ Farrier name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Website: _____

Can we contact your farrier for a reference? Check one: Yes No

11. Trainer or Instructor. Do you currently work with a trainer or instructor? Check one: Yes No

Business name: _____ Trainer/instructor name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Website: _____

Can we contact your trainer or instructor for a reference? Check one: Yes No

Do you plan to have your trainer or instructor come to this facility? Check one: Yes No

If no, do you plan to work with a trainer or instructor at our facility? Check one: Yes No

If yes, which trainer or instructor are you planning to work with? _____

12. Credit Check. We regret that we must perform credit checks on prospective boarders before accepting their horses for boarding. Do you consent to a credit check? Check one: Yes No

To perform a credit check, we will require the following information, which we will keep confidential:

Social Security Number: _____ - _____ - _____ Date of birth (mo/day/yr): _____ / _____ / _____

Please attach a copy of your driver's license to this application before returning it.

13. Visitors to Our Facility. In addition to the persons named in your answers to questions 8–11, please list any other persons who may be visiting our facility in connection with your horse(s). Check as applicable:

Family members. Please list names and ages: _____

Friends. Please list names and ages: _____

Service providers (e.g., equine chiropractors, massage therapists). Please specify names and type of business: _____

Person(s) leasing my horse(s). Please list names and ages: _____

Other. Please specify: _____

To the best of my knowledge, I certify that the above information is accurate and complete. I understand that if this facility determines that I have provided materially false, misleading or incomplete information in this application, the facility may terminate my boarding contract for cause.

Applicant:

Signature: _____

Name (printed): _____

Date: _____



ATTACHMENT A – Other Horses

Horse's show (registered) name: _____
 Horse's barn name (nickname): _____
 Horse is a (check one): Mare Gelding Stallion
 Horse's color and markings: _____
 Breed, breed registry and reg. no: _____
 Tattoos, brands or other identifying marks: _____
 Horse's age: _____
 Horse's current value: \$ _____
 Horse has an embedded microchip? Check one: Yes No Microchip #: _____
 Horse has a passport? Check one: Yes No Passport #: _____ Country: _____
 Horse's owner(s): _____
 If horse is a mare, is she in foal? Check one: Yes No
 If yes, please specify approximate foaling date: _____
 Do you expect that your mare will deliver her foal at this facility? Check one: Yes No

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