



HORSE BOARDING APPLICATION

PERSON BOARDING THE HORSE

Name:		
Address:		
City:	State	Zip:
Cell Phone #:	Email Address:	

SECONDARY/EMERGENCY CONTACT

Name:	Name:
Relationship:	Relationship:
Cell Phone #	Cell Phone #

REFERENCES - provide two personal references.

Name:	Name:
Relationship:	Relationship:
Cell Phone #	Cell Phone #
Email Address:	Email Address:
Years Known:	Years Known:

BOARDING HISTORY - list the current location where your horse(s) is boarded

Facility Name:	Contact Person:
Address:	
City:	State Zip:
Cell Phone #:	Email Address:
Dates in care/boarding:	
Reason for leaving:	

REQUESTED START DATE FOR BOARDING

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TYPE OF STALL and FEED REQUESTED (Refer to price sheet)

Stall:	Feed: a.m. Lunch p.m.
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TRAINER (if applicable)

Business Name:	Contact Person:
Address:	
City:	State Zip:
Cell Phone #:	Email Address:
Type of Training Discipline?	

TRAILER PARKING- Complete if interested in renting trailer space

Make/Model/Size:
License Plate #:

Please attach a color copy of your driver's license to the application.



Complete this form each horse to be boarded. Make additional copies as necessary.

HORSE'S INFORMATION

Horse's Name:	
Breed:	
Age:	Gender:
Color:	Identifying Marks:
What is the value of the horse?	

INSURANCE

Is the horse insured?	Type:
Insurance Company:	
Insurance Company's Phone #:	

HORSE OWNERSHIP

Are you the sole owner of the horse? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How long have you owned the horse?		
<i>*If the horse is leased or on payment terms, a copy of the contract must be provided when submitting this form and the legal owner's contact information must be filled out below.</i>		
Owner's Name:		
Address:		
City:	State	Zip:
Phone #:	Email Address:	

MEDICAL HISTORY

List previous exposure to contagious equine viruses/diseases:
List food allergies:
List medical or health issues:
Proof of Vaccinations? <input type="checkbox"/> Tetanus <input type="checkbox"/> Eastern/Western Equine Encephalomyelitis (EEE/WEE) <input type="checkbox"/> West Nile Virus (WNV) <input type="checkbox"/> Equine Influenza (Flu) <input type="checkbox"/> Rhinopneumonitis (EHV – 1 and EHV – 4)

VETERINARIAN

Business Name:	Contact Person:	
Address:		
City:	State	Zip:
Phone #:	Email Address:	

FARRIER

Business Name:	Contact Person:	
Address:		
City:	State	Zip:
Phone #:	Email Address:	

