

## PROSPECTIVE BOARDER APPLICATION

Prospective Boarder's Name:				
Mailing Address:				
City:	State:	Zip C	ode:	
Phone:	Email:			
Date of Application:	Referred by:			
Level of Riding (Circle): Beginner	Adv. Beginner	Intermediate	Advance	ed/Professional
How long have you owned horses:	How long have	you owned your current	horse(s):	
How many days per week do you ride/work	your horse:			
Preferred Discipline:				
Have you been in training before?	If so, for how long and	with whom?		
Does/Do your current horse(s) have any vice				
Goals:				
Where are you currently boarding your horse				
What is your reason for moving to another fa	acility?			
Boarding Reference (Name/Phone Number)				
When do you wish to starting boarding at ou				
Do you have a trailer that needs to be stored	: [ ] No [ ] Yes: Siz	e:		
MZ Equestrian strongly recommends at leas with a new mount. Are you able to consider		_	rt (2 years or le	ess) and those
Horse's Name:	Breed:	Se	ex:	_ Age:
Horse's Name:	Breed:		Sex:	Age:
Please submit this comp	pleted request form via em	ail to <u>cmuzzy@mzeque</u>	strian.com.	

Please allow 24 hours for a response. Thank you!