



Cottonwood Farm
1700 Streets Ferry Road
Vanceboro NC. 28586
Application for Boarding

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Owner's Name \_\_\_\_\_

Horse's Barn Name \_\_\_\_\_ Registered Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Home \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

Breed \_\_\_\_\_ Sex \_\_\_\_\_ Color \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Tattoo/Brand \_\_\_\_\_

Use Barn Vet [ ] Yes [ ] No of No Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_

Use Barn Farrier [ ] Yes [ ] No of No Farrier \_\_\_\_\_ Phone \_\_\_\_\_

Date of Last Vaccinations \_\_\_\_\_ Due to be Shod \_\_\_\_\_ [ ] Trim [ ] All 4 [ ] Fronts

Check Vaccinations Given on Date Above:

- [ ] Flu [ ] Rhino [ ] Strangles [ ] West Nile Virus [ ] Coggins - Expires \_\_\_\_\_
[ ] EEE/Wee [ ] Tetanus [ ] Potomac [ ] Rabies (RV)

Insured [ ] Yes [ ] No Insured With \_\_\_\_\_ Phone # \_\_\_\_\_

Amount of Grain Per Feeding \_\_\_\_\_ [ ] Pounds [ ] Scoops [ ] Quarts [ ] Cups

Hay Requirements [ ] Timothy [ ] Coastal Pasture Board-Coastal Only

Supplements \_\_\_\_\_

Medications \_\_\_\_\_

Known Allergies or Health Conditions \_\_\_\_\_

History of Colic \_\_\_\_\_ If yes explain \_\_\_\_\_

- Is Your Horse Known to: [ ] Kick [ ] Bite [ ] Kick Stall [ ] Panic While Tied [ ] Pull Away from Handler
[ ] Weave [ ] Crib [ ] Cribbing Strap [ ] Hard to Catch [ ] Wood Chewer

Pasture Personality/Dominant [ ] Yes [ ] No Describe Current Turn-Out \_\_\_\_\_

Do You Have a Trailer \_\_\_\_\_ Store on Property \_\_\_\_\_ Make \_\_\_\_\_ Size (2/4) \_\_\_\_\_

List Supplies/Tack You Will Leave @ Farm \_\_\_\_\_

Emergency Contact in Your Absence \_\_\_\_\_ Phone # \_\_\_\_\_

[ ] Pasture Board [ ] Full Board Requested Arrival Date \_\_\_\_\_ Use Pro Shipper \_\_\_\_\_

Signature of Owner

Date