

## 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: \_\_\_\_\_  
 \_\_\_\_\_



**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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 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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 Breed, breed registry and reg. no: \_\_\_\_\_  
 Tattoos, brands or other identifying marks: \_\_\_\_\_  
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