



Boarding Application page 1 of 2

1. BOARDER INFORMATION

Name: _____

Home address: _____

Home phone: () _____ Work phone: () _____

Cell phone: () _____ E-Mail Address: _____

Employer: _____

Work address: _____

2. HORSES TO BE BOARDED *(Additional horses may be listed on Attachment A)*

Name of your horse: _____

Check one: Stallion Gelding Mare

If your horse is a mare, is she in foal? Yes No (check one)

If yes, please specify approximate foaling date: _____

Do you expect that your mare will deliver her foal at this facility? Yes No

Color and markings: _____

Year foaled: _____

Breed, breed registry and reg. #: _____

Tattoos, brands or other identifying marks: _____

Does your horse have any history of colic or other medical problems?

If yes, please explain: _____

Are you the sole owner of your horse?

If not, please explain: _____

Does horse have any history of behavioral issues? (e.g., biting, kicking, bucking, rearing, pulling back when tied)

If yes, please explain: _____

Does your horse crib, chew wood, windsuck, weave or have any other habits?

If yes, please explain: _____

Does your horse have a history of escaping from stalls, paddocks, pastures or other enclosures?

If yes, please explain: _____



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What else should we know about your horse? (e.g., allergies, fears, herd behavior, special dietary needs) _____

What does your horse currently eat (type and amount) each day?

3. CURRENT BOARDING FACILITY

Name of facility: _____

Address: _____

Phone number: () _____

Can we contact this facility for a reference? Yes No (check one)

Why are you leaving this facility? _____

4. VETERINARIAN

Name: _____

Address: _____

Work phone: () _____ Cell phone: () _____

Can we contact your vet for a reference and to request a copy of your horses' shot records? Yes No (check one)

5. FARRIER

Name: _____

Address: _____

Work phone: () _____ Cell phone: () _____

Can we contact your farrier for a reference? Yes No (check one)

6. TRAINER OR INSTRUCTOR (if applicable)

Name: _____

Address: _____

Work phone: () _____ Cell phone: () _____

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

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

Boarder Signature: _____

Print Name: _____ Date: _____



Equine Boarding Agreement

Attachment A for Other Horses – page 1 of 2

HORSE TWO

Name of your horse: _____

Check one: Stallion Gelding Mare

If your horse is a mare, is she in foal? Yes No (check one)

If yes, please specify approximate foaling date: _____

Do you expect that your mare will deliver her foal at this facility? Yes No

Color and markings: _____

Year foaled: _____

Breed, breed registry and reg. #: _____

Tattoos, brands or other identifying marks: _____

Does your horse have any history of colic or other medical problems?

If yes, please explain: _____

Are you the sole owner of your horse?

If not, please explain: _____

Does horse have any history of behavioral issues? (e.g., biting, kicking, bucking, rearing, pulling back when tied)

If yes, please explain: _____

Does your horse crib, chew wood, windsuck, weave or have any other habits?

If yes, please explain: _____

Does your horse have a history of escaping from stalls, paddocks, pastures or other enclosures?

If yes, please explain: _____

What else should we know about your horse? (e.g., allergies, fears, herd behavior, special dietary needs) _____

What does your horse currently eat (type and amount) each day?



Equine Boarding Agreement

Attachment A for Other Horses – page 2 of 2

HORSE THREE

Name of your horse: _____

Check one: Stallion Gelding Mare

If your horse is a mare, is she in foal? Yes No (check one)

If yes, please specify approximate foaling date: _____

Do you expect that your mare will deliver her foal at this facility? Yes No

Color and markings: _____

Year foaled: _____

Breed, breed registry and reg. #: _____

Tattoos, brands or other identifying marks: _____

Does your horse have any history of colic or other medical problems?

If yes, please explain: _____

Are you the sole owner of your horse?

If not, please explain: _____

Does horse have any history of behavioral issues? (e.g., biting, kicking, bucking, rearing, pulling back when tied)

If yes, please explain: _____

Does your horse crib, chew wood, windsuck, weave or have any other habits?

If yes, please explain: _____

Does your horse have a history of escaping from stalls, paddocks, pastures or other enclosures?

If yes, please explain: _____

What else should we know about your horse? (e.g., allergies, fears, herd behavior, special dietary needs) _____

What does your horse currently eat (type and amount) each day?