

FUTURE INTEREST FOR FULL CARE BOARDING

Name: _____ Phone: (____) _____

HORSE INFORMATION

The following horse will be considered for stabling when stalls are available:

Horse name: _____ Breed: _____ Color: _____ Mare / Gelding
Height: _____ Age: _____

To assure safe and proper handling, please check () any of the following that apply to your horse:

<input type="checkbox"/> Front shoes	<input type="checkbox"/> Bites	<input type="checkbox"/> Headshy	<input type="checkbox"/> Cribs
<input type="checkbox"/> Back shoes	<input type="checkbox"/> Kicks	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Weaving
<input type="checkbox"/> Fears Vet	<input type="checkbox"/> Fears Farrier	<input type="checkbox"/> Rears	<input type="checkbox"/> Cannot be in mixed herd
<input type="checkbox"/> Special Diet	<input type="checkbox"/> Other (please explain) _____		

Board is due on the 1st of each month. 30-days notice is required to terminate board agreement unless otherwise arranged with management. Farrier, wormer, shots, etc. are due at time of service.

Release form must be on file for anyone riding on farm property. Hard hats must be worn when mounted on farm property. Riders under 21 must wear ASTM approved helmets.

It is the responsibility of boarders to assure that their guests follow the posted rules of the farm and do not interfere with other boarders' use of the facility.

If you need special arrangements for your horse's care, please make requests known in writing. Some special care might require additional payment for services.

This facility will not be able to accommodate stallions, mares in foal, or young horses which require special care/handling.

HEALTH INFORMATION

Within the past 12 months, has your horse received the following?

<input type="checkbox"/> PHF	<input type="checkbox"/> Rabies	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Botulism
<input type="checkbox"/> E & W	<input type="checkbox"/> Negative Coggins	Other _____	

All horses are required to be wormed and immunized on a regular basis. ** Negative coggins required. In an effort to maximize the benefits of the immunizations and worming programs, and for your convenience, we encourage everyone to participate in our barn schedule for health services, and farrier services.

GENERAL INFORMATION

It is our desire to provide a facility that assists riders in achieving their personal goals. Please take a moment to answer the following:

Disciplines you participate in: English Western Pleasure Competition
Areas you will use: Dressage arena Cross Country course Jump arena Other (explain)

Comments: _____

Are you interested in taking lessons? _____ Will you bring in your own instructor? _____

Will you lease your horse to other people? _____

How often do you ride? _____ Comments: _____

Thank you for your interest in our facility. Because of limited stabling space, we cannot predict stall availability. If we are able to offer stabling for your horse, we will notify you by phone.