

Application to Board



Today's Date: _____

Type of Boarding Interested in:

Stall ____ Paddock ____ Pasture ____

Horse Owner/Rider Information

Owner's Name: _____

Are you the sole owner of your horse? _____

If not, please explain: _____

Rider's Name and Age: _____

Rider's Horse Experience: _____

Rider's Goals/Interests: _____

Names of Family Members/Visitors that may regularly accompany Rider(s):

Contact Information

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Email: _____ Soc Sec #: _____

Horse's Information

Horse's Name: _____ Years Owned/Leased: _____

Gender: _____ Breed: _____ Age: _____

Tattoos, brands or other identifying marks: _____

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

If yes, please explain: _____

Does horse have any history of behavioral issues? (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?

Has this horse ever had or been exposed to Equine Infectious Anemia, Strangles, Equine Herpes, or any other contagious equine disease? ___ No ___ Yes

If Yes, please explain: _____

If the horse is leased, or on payment terms, a copy of the contract must be provided when submitting this form and Legal Owners Information must be filled out below.

If the horse has been acquired within the last year please provide the previous owners contact information below.

Name of Previous or Legal Owner: _____ Years Owned: _____

Address: _____ City: _____ State: _____ Zip: _____ Email

Address: _____ Cell Phone: _____ Home Phone:

_____ Work Phone: _____

Boarding History

Please list the 2 most recent locations where your horse has been boarded:

Barn Name: _____ Contact Person: _____

Email Address: _____ Phone: _____

Boarded from _____ to _____

Reason for leaving: _____

Barn Name: _____ Contact Person: _____

Email Address: _____ Phone: _____

Boarded from _____ to _____

Reason for leaving: _____

May we contact for a reference? Yes No (check one)

Veterinarian

Name: _____ Address: _____

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

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

Farrier

Name: _____ Address: _____

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

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

Trainer or Instructor (if applicable)

Name: _____ Address: _____

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

Can we contact your trainer or instructor for a reference? Yes No (check one)

Do you plan to have your trainer or instructor teach you this facility? Yes No (check one)

Additional References

Please provide two personal references that are horse related:

Name: _____ Relationship: _____ Years Known: ____

Email Address: _____ Phone: _____

Name: _____ Relationship: _____ Years Known: ____

Email Address: _____ Phone: _____

Applicant Signature: _____

Print Name: _____ Date: _____

Parent/Guardian Signature (if under 18) _____ Date _____

Please note: At this time, St. Croix Knoll Stables is not accepting stallions, pregnant mares or unbroken horses.

Once this form has been completed please return it to St. Croix Knoll Stables & Equine by email or mail. The Application will be reviewed and a decision will be made as quickly as possible. Completion of this form does not guarantee that boarding will happen, and priority is given to potential boarders who plan to participate in the lesson or training program. Thank you for your time and consideration. We will be in touch shortly!