

Board Application

Name:			
Address:			
		Postal Code:	
Home Phone: _			
Business Phone	e:		
Cell Phone:			
Email:			
Name of Horse:			
Breed:		Age:	
Height:	Weight:	Shod:	Type:
Gender:	(Owned or Leased: _	
			e contract must be ce of this application.
Riding Discipline	e and level of trainin	g:	

Does your horse crib?	Does your horse stall walk?
Does your horse weave?	Does your horse chew wood?
Does your horse kick?	Does your horse bite?
Does your horse bolt?	Does your horse rear?
What is your horse currently bei	ng fed and when?
If so what treatment is re-	q'd
·	ssues or special requirements?
Describe your horse's ground/tu	rn-out and leading manners:
	to worming:
	e:
	to the farrier: to the trailer:
To the definion	to the trailor.
Has your horse ever been seda	ted and what was his/her tolerance to sedation?

Current Veterinarian Name and Phone:
Current Farrier Name and Phone:
What is your horse's current turnout schedule?
Reason for leaving current facility?
Is there anything else we should know about your horse?
How did you find out about us?

Name of Employer ______ Contact: ______ Address: ______ Phone: ______ Additional Reference that may be contacted Name: _____ Phone or email: ______ Name: _____ Phone or email: ______

Embleton Meadows Board Application

The above information will be kept confidential.

Employment Reference