



BOARDING APPLICATION

We are excited to hear that you are interested in boarding your horse with us at Horseplay Farms, LLC! To make sure that we are a good fit for you and your horse, we would like to learn a little more about you, your horse, and your expectations from a boarding facility.

BOARDER INFORMATION

Primary Horse Owner's Name _____ Horse's Name _____

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

Home Phone: (____) _____ Cell Phone: (____) _____ Work: (____) _____

Email Address: _____

Secondary Horse Owner's Name (if applicable): _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work: (____) _____

Email Address: _____

Horse Owner's Equestrian Experience

None Some/Casual Extensive

Briefly Explain: _____

Riding Discipline: English Western No Preference

HORSE INFORMATION

Horse's Name: _____

Horse's Date of Birth: ____ / ____ / ____

Horse's Breed: _____

Horse's Gender: Mare Gelding (Sorry, we do not accept Stallions at this time)

Horse's Color and Markings:

Does your horse have a history of escaping from stalls, paddocks, or pastures? Please explain.

Does your horse have a history of biting, kicking or other behavior issues? Please explain.

Does your horse have a history of colic or other medical issues? Please explain.

What does your horse currently eat? (Type and amount)

Does your horse require medication, supplements, or have other special needs? Please explain.

What type of board are you interested in? Pasture Stall

Please tell us a little about your past boarding experiences and current expectations:

****NOTE: This section MUST be completed to be considered****

My horse is currently: Barefoot Front Feet Shod All Feet Shod Other

If other, please explain: _____

REFERENCES

Please provide the contact information for your current veterinarian below

Full Name: _____

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

Home Phone: (____) _____ Cell Phone: (____) _____ Work: (____) _____

Email Address: _____

Please provide the contact information for your current farrier below:

Full Name: _____

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

Phone: (____) _____ Cell Phone: (____) _____ Work: (____) _____

Email Address: _____

Please provide the contact information the last two stables where your horse has boarded, or is currently boarding:

1.Name: _____

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

Phone: (____) _____ Email Address: _____

2.Name: _____

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

Phone: (____) _____ Email Address: _____

Please provide two contacts with equestrian experience and their contact information in addition to the equine professionals listed above

1.Full Name: _____

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

Phone: (____) _____ Cell Phone: (____) _____ Work: (____) _____

Email Address: _____

2.Full Name: _____

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

Phone: (____) _____ Cell Phone: (____) _____ Work: (____) _____

Email Address: _____