



BOARDING APPLICATION

This area to be completed by Bramasole only:

Received _____

Wait List Number _____

Approved/Denied _____

Please Note: All potential boarders are required to fill out this application and to undergo an interview. Please fill out all fields, sign and date the application.

•Tell us About You•

Name and Address:

Telephone Number:

Home (____) _____ - _____

Cell (____) _____ - _____

Riding discipline(s) and level of training:

Please rate your experience in the following areas:

	Very Experienced	Some Experience	Not Experienced
Haltering & Leading a horse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grooming a horse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Picking feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tacking & un-tacking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leading in and out of the pasture/herd	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loading and unloading into a trailer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Holding for the Vet/Farrier/Dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Handling a fractious horse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

•Tell us About Your Horse•

Name of Horse: _____

Registered (if available) _____

"Barn Name" _____

Breed of Horse: _____ Gender: _____ Age: _____

Height: _____ Weight: _____ Shod: Y / N - Type: _____

Training Level and Discipline(s):

Is your horse aggressive: Y / N

If yes, how & When?

Please check any habits that apply to your Horse:

Cribbing ☐
 Weaving ☐
 Kicking ☐
 Bolting ☐

Stall Walking ☐
 Wood Chewing ☐
 Biting ☐
 Rearing ☐

How is your Horse within a herd?

Does your Horse have any dietary requirements?

Does your Horse have any allergies?

Does your Horse have medical issues or special requirements?

What is your Horse's past boarding history? (Paddock board, field, full, mixed?)

Describe your Horse's ground / turn-out and leading manners:

Please rate your Horse's tolerance to the following:

	Excellent	Fair	Poor
Worming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veterinarian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Farrier / Blacksmith	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentist & Dental work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trailer Loading / Unloading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments to anything above:

•Tell us about Your boarding Preferences•

Start Date Requested: _____ Possible Interview Dates: _____

Signed: _____ Date : ____/____/____