

## BOARDING APPLICATION FOR ANTHONY CHABOT EQUESTRIAN STABLES

Please review and complete this application in its entirety. Electronic signatures and entries are permitted. *Please forward the completed application via email to [anthony@keystone.org](mailto:anthony@keystone.org).*

1. Applicant First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Mailing Address (if different) \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Name of Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
 Work Address \_\_\_\_\_

2. Horse(s) to be Boarded. Additional horses can be added on attachments.  
 Horse's Show Name \_\_\_\_\_ Horse's Barn Name \_\_\_\_\_  
 Horse's Sex \_\_\_\_\_ Horse's Color and Markings \_\_\_\_\_  
 Breed and Registry Number \_\_\_\_\_ Identifying Marks \_\_\_\_\_  
 Horses Age \_\_\_\_\_ Horse's Estimated Value \$ \_\_\_\_\_ Microchip \_\_\_\_\_  
 Passport \_\_\_\_\_ All Horse Owner Names \_\_\_\_\_  
 Is your horse in foal? Y / N

3. Referrals from Boarders currently at Facility.  
 Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Name \_\_\_\_\_ Phone Number \_\_\_\_\_

4. Reasons for Moving to Our Facility (circle all that apply): Cost / Amenities / On-site trainers or riding lessons / Location / Horse Services / Trails / Other:  
 \_\_\_\_\_

5. Horse History. 5.1. Horse Ownership. Are you currently the sole owner of your horse? Y / N  
 Any Lease arrangements? Y / N 5.2. Colic and Other Medical Issues \_\_\_\_\_

5.3. Allergies \_\_\_\_\_

5.4. Desired Feed \_\_\_\_\_

5.5. Feeding Needs \_\_\_\_\_

5.6. Behavioral Issues \_\_\_\_\_

5.7. Any of the following (circle all that apply) Pulling back when tied / Cribbing / Chewing / Windsucking / Weaving / Stall Walking / Digging / Other:  
 \_\_\_\_\_

5.8. Do any of your horse(s) have a history of escaping from Stalls, Paddocks, Turnouts? If so, please describe: \_\_\_\_\_

5.9. Other Special Needs \_\_\_\_\_

6. Current Location of Horse(s) Where do you currently keep your horses?  
 Name of Facility \_\_\_\_\_ Contact Person \_\_\_\_\_  
 Street Address \_\_\_\_\_ Phone Number \_\_\_\_\_

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7. Previous Location of Horse(s) Please list the most recent stable of facility used.

Name of Facility \_\_\_\_\_ Contact Person \_\_\_\_\_  
Street Address \_\_\_\_\_ Phone Number \_\_\_\_\_

8. Reason for Moving from Current Facility (circle all that apply): Too Far / Too Expensive / Not well maintained / Too Crowded / Not enough extra services / Difficult People / Unpleasant Environment / Not enough trails / Other:

\_\_\_\_\_

9. Veterinarian Clinic Name \_\_\_\_\_ Veterinarian Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Phone \_\_\_\_\_  
Website/Email \_\_\_\_\_

10. Farrier Business Name \_\_\_\_\_ Farrier Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Phone \_\_\_\_\_  
Website/Email \_\_\_\_\_

11. Trainer/Instructor Business Name \_\_\_\_\_ Trainer/Instructor Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Phone \_\_\_\_\_  
Website/Email \_\_\_\_\_

12. Credit Check. We regret that we must perform credit checks on prospective boarders before accepting new horses for boarding. We take your privacy very seriously and all information will be kept confidential. Do you consent to a credit check? (YES / NO) \_\_\_\_\_ Initial To perform a credit check.

We will require the following information, which will be kept confidential:

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please also attach a copy of your ID/driver's license to this application before returning it.

13. Visitors you will invite in addition to owners and service professionals mentioned previously on this application, any others who may be visiting our facility in connection with your horse:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

I certify that the above information is accurate and complete. I understand that if this Stable learns that I have provided materially false, misleading, or incomplete information in this application, the facility may terminate my boarding contract for cause upon their discretion.

Application Signature \_\_\_\_\_  
Application Name Print \_\_\_\_\_  
Date \_\_\_\_\_