



HORSE BOARDING APPLICATION	
PERSON BOARDING THE HORSE	
Name:	
Address:	
City:	
Province:	
Postal Code:	
Cell Phone #:	
Email Address:	
SECONDARY/EMERGENCY CONTACT	
Name:	
Relationship:	
Cell Phone #	
REFERENCES - <i>provide two personal references.</i>	
Name:	
Relationship:	
Cell Phone #	
Email Address:	
Years Known:	
Name:	
Relationship:	
Cell Phone #	
Email Address:	
Years Known:	
BOARDING HISTORY - <i>list the current location where your horse(s) is boarded</i>	
Facility Name:	
Contact Person:	
Address:	
City:	
Province:	
Postal Code:	
Cell Phone #:	
Email Address:	
Dates in care/boarding:	
Reason for leaving:	
REQUESTED START DATE FOR BOARDING	

HORSE'S INFORMATION
Horse's Name:
Breed:
Age:
Gender:
Color:
Identifying Marks:
HORSE OWNERSHIP
Are you the sole owner of the horse? <input type="checkbox"/> Yes <input type="checkbox"/> No
How long have you owned the horse?
*If the horse is leased, a copy of the contract must be provided when submitting this form and the legal owner's contact information must be filled out below.
Owner's Name:
Address:
City:
Province
Postal Code:
Phone #:
Email Address:
MEDICAL HISTORY
List previous exposure to contagious equine viruses/diseases:
List medical or health issues:
Proof of Vaccinations
<input type="checkbox"/> Tetanus
<input type="checkbox"/> Eastern/Western Equine Encephalomyelitis (EEE/WEE)
<input type="checkbox"/> West Nile Virus (WNV)
<input type="checkbox"/> Equine Influenza (Flu)
<input type="checkbox"/> Rhinopneumonitis (EHV – 1 and EHV – 4)