

Equine Boarding Application

(Please complete one application for each horse)

Wood River Equestrian Center, LLC offers full care boarding with individual stalls, private paddocks, and double paddocks. Our facility is a family-friendly environment with a diverse group of riders covering an array of experience levels and enjoying a variety of riding disciplines. To maintain a relaxed and fun atmosphere, while providing a safe environment for our horses and riders, we ask that all potential boarders complete the following form.

How did you hear about Wood River Equestrian?					
Horse Owner/Rider Inform	ation				
Riders name and age:		Today's	date:		
Riders horse experience:					
Riders goals and interests: _					
Names of family members t					
Contact Information					
Address:	City:	State:	Zip:		
Email:	Cell Phone:				
Work Phone:	Home Phone:				

Horse Information

Horses name:	Υ	Years Owned/Leased:	
Gender:	Breed:	Age:	<u></u>
Tattoos, brands or othe	r identifying marks:		
Type of boarding interes	sted in: Indoor Stall:	Single Paddock:	
Double Paddock:	_		
*Please note: At this tim	ne, we are not accepting	stallions, pregnant mares or u	nbroken horses.
Does your horse have a	history of colic or other	medical problems?	
If yes, please explain:			_
Are you the sole owner	of your horse?		
If not, please explain:			_
Does your horse have a when tied, etc.)	ny history of behavioral	issues? (biting, kicking, rearing	g, pulling back
If yes, please explain:			
Daniel a chance d'had	and Sada al		
•		eave or have any other habits?	
if yes, please explain:			
Does your horse have a	history of escaping fron	n stalls, paddocks, pastures or	other enclosures?
If yes, please explain:			
What else do we need t dietary needs)	•	se? (allergies, fears, herd behav	ior, special
What does your horse c	urrently eat?		

Has this horse ever been exposed to Equi other contagious disease? No Yes	ne Infectious Anemia, Strangles, Equine Herpes, or any
If yes, please explain	
If the horse is leased, or on payment term submitting this form and legal owner's in	ns, a copy of the contract must be provided when formation must be filled out below.
Name of previous owner or legal owner:	
Years Owned:	
Address:City	:State:Zip:
Email address:	Cell Phone:
Boarding History	
Please list the most recent location where	e your horse lives or is being boarded:
Barn name:	Contact person:
Email address:	Phone number:
Boarded from:toRe	ason(s) for leaving:
Veterinarian	
Name:	Address:
Phone number	
May we contact your vet for a reference?	
,	
Farrier	
Name:	Address:
Phone number:	
May we contact your farrier for a referen	ce? Yes: No:

Previous Trainer/Coach/Instru			
Name:	Address:		
Phone number:			
May we contact your trainer/co	oach/instructor for a refe	erence? Yes:No:_	
Additional References			
Please Provide two personal re	ferences that are horse r	elated:	
Name:	Relationship	Years known	
Email address:	Phone number		
Name:	Relationship	Years known	
Name:Email address:			
	Phone nur	mber	

Once this form has been completed, please return it to Wood River Equestrian Center by email or mail. The application will be reviewed and a decision will be made as quickly as possible. Completion of this form does not guarantee that boarding will happen, priority is given to potential boarders who plan to participate in the lesson or training program. Thank you for your time and consideration. We will be in touch shortly!

Wood River Equestrian Center, LLC

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woodrierequestrian@gmail.com