



Horse Boarder Application

Applicant Information:

Name: _____

Address: _____

Phone Number: _____

SDCE Homeowner ___ Tenant (w/privileges) ___ Authorized Trainer ___ Non-SDCE Homeowner ___

*note all info obtained will be used to validate applicant's credit history and ability to care for horses

Horse Information:

Name: _____ Age: _____ Height: _____ Sex: _____ Weight: _____

Last Vaccination Date: _____ Breed: _____

Known Vices: _____

How long have you owned this horse: _____ Is this your first horse: _____

Briefly describe horse ownership experience: _____

Boarding Information:

Last facility you boarded: _____ Dates: _____

Reason for leaving: _____

Phone Number: _____ May we contact this facility: _____

Will this be: a short term stay: _____ Dates: _____ Long term stay: _____

Desired Boarding Area:

Casey Tibbs Western Center: _____ International Equestrian Center: _____

Mare Motel (12x24): _____ Corral: _____ Box Stall: _____ Barn Rental: _____

By signing I agree the aforementioned information is true etc., etc.

Applicant's signature

Printed name

Date