

# EQUI-VENTURE EQUESTRIAN CENTRE



*EQUI-VENTURE at Gypsy Hill Stables • 1444 Brown Road • Westminster, MD 21158  
443.898.2772*

[www.Equi-VentureEquestrian.com](http://www.Equi-VentureEquestrian.com)

## BOARDING APPLICATION

*-An application needs to be completed for each horse-*

*Please answer all questions as completely and accurately as possible to help determine the best situation for you and your horse.*

### APPLICANT'S INFORMATION

**APPLICANT'S NAME:** \_\_\_\_\_

**HORSE'S NAME:** \_\_\_\_\_

**APPLICANT'S ADDRESS:** \_\_\_\_\_

**HOME PHONE NUMBER:** \_\_\_\_\_ **WORK NUMBER:** \_\_\_\_\_

**CELL NUMBER:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**DRIVER'S LICENSE INFORMATION:** \_\_\_\_\_

*Are you the rightful owner of the horse that you intend to board?* \_\_\_\_\_

*If no, please provide owner(s) information:*

*Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Home Number:* \_\_\_\_\_ *Work Number:* \_\_\_\_\_

*Cell Number:* \_\_\_\_\_ *Email:* \_\_\_\_\_

*Please describe your experience with horses and how long you have been involved with horses.*

\_\_\_\_\_  
\_\_\_\_\_

*Please list the names and birthdates of any minors that will be visiting the premises.*

*(All minors aged sixteen and under must have adult supervision while on the premises. In order to be on the premises without supervision, minors older than sixteen must have written permission and completed necessary forms on file.)*

*Please list the stables you have boarded at that we may contact for a reference.*

*Stable:* \_\_\_\_\_ *Phone #:* \_\_\_\_\_ *Dates:* \_\_\_\_\_

*Stable:* \_\_\_\_\_ *Phone #:* \_\_\_\_\_ *Dates:* \_\_\_\_\_

*Stable:* \_\_\_\_\_ *Phone #:* \_\_\_\_\_ *Dates:* \_\_\_\_\_

*Please list three personal references including addresses and phone numbers. Equine related references are preferred.*

*Name:* \_\_\_\_\_ *Phone Number:* \_\_\_\_\_

*Relationship:* \_\_\_\_\_ *Known How Long:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Name:* \_\_\_\_\_ *Phone Number:* \_\_\_\_\_

*Relationship:* \_\_\_\_\_ *Known How Long:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Name:* \_\_\_\_\_ *Phone Number:* \_\_\_\_\_

*Relationship:* \_\_\_\_\_ *Known How Long:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Approximately how many hours per week will you/family member(s)/friend spend with the horse?* \_\_\_\_\_

*Please list the types of activities that you and/or the horse are interested in or already participate in? (ie. breed/open/pleasure & hunter shows, pleasure & competitive trail rides, endurance, fox hunting, dressage, eventing, show jumping, driving, western extreme or pleasure riding/reining/cutting/penning & competitions, racing, etc.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Do you own a horse trailer?* \_\_\_\_\_ *If so, where will you be keeping it?* \_\_\_\_\_

*We provide a lot of activities, programs and services for the community as well as operate an equine rescue. Are you able or willing to provide any recommendations, referrals, services or volunteer time to help with the improvement of our facilities and/or the operation of our programs? (Not a requirement!)* \_\_\_\_\_  
*If so, in what area(s) can you help?* \_\_\_\_\_

\_\_\_\_\_

## **HORSE INFORMATION**

*Gender of Horse:* \_\_\_\_\_ *Year Foaled (if not known, please approximate):* \_\_\_\_\_

*Breed (if not known, what is/are predominant breed(s)):* \_\_\_\_\_

*Color:* \_\_\_\_\_ *Height:* \_\_\_\_\_ *Tattoo #, Brand or ID:* \_\_\_\_\_

*Distinguishing Markings:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please be able to provide photos of the horse that show both sides, front and rear to attach to approved application.*

*How long have you owned/leased the horse?* \_\_\_\_\_

*Is your horse covered by equine insurance(s)?* \_\_\_\_\_ *If so, with what company and what type of coverage?*

*Company Name:* \_\_\_\_\_

*Agent:* \_\_\_\_\_ *Phone #:* \_\_\_\_\_

*Policy Number:* \_\_\_\_\_

*Coverage details:* \_\_\_\_\_

### ***HORSE'S MEDICAL INFORMATION***

*Name and number of Veterinarian:* \_\_\_\_\_

*Would like to use your own vet or transfer to EQUI-VENTURE's vet?* \_\_\_\_\_

*Is the horse current on vaccinations?* \_\_\_\_\_ *Date of Coggins?* \_\_\_\_\_ *Please provide copy.*

*Date of last Rhino and Strangles vaccines?* \_\_\_\_\_

*Does your horse's weight fluctuate?* \_\_\_\_\_ *Is your horse typically an "easy keeper" or "hard keeper"?* \_\_\_\_\_ *Do you know if your horse was ever underweight or "starved"?* \_\_\_\_\_ *Obese, fat or foundered due to overeating?* \_\_\_\_\_

*Please explain any weight or dietary concerns.* \_\_\_\_\_

*(We put each horse on an individualized diet. All feed and hay are weighed with the exception of any free choice round bale hay that is kept in the turn out areas. The owner is responsible for any extra costs of feed or hay above the amount included with your boarding package.)*

*Date of last deworming?* \_\_\_\_\_ *What type of dewormer?* \_\_\_\_\_

*Has your horse been on a regular deworming program?* \_\_\_\_\_ *If so, please explain program and how long your horse was on it?* \_\_\_\_\_

*(We require that every horse on the premises participate in our deworming program, unless your veterinarian recommends a different one.)*

*Within the last year, was your horse seen by the veterinarian for anything other than routine care?* \_\_\_\_\_ *If so, please describe.* \_\_\_\_\_

*Does your horse have any allergies?* \_\_\_\_\_ *If so, to what?* \_\_\_\_\_

Does your horse require any medications or supplements? \_\_\_\_\_ If so, what? \_\_\_\_\_

---

---

Has your horse ever had a case of colic in the past? \_\_\_\_\_ If so, list dates, type of colic, duration and treatment that was given for each case (even if a veterinarian was not required to treat the horse):

---

---

---

---

If applicable, what measures or precautions were taken or are currently being used to prevent another colic episode? Have these precautions or measures been successful? \_\_\_\_\_

---

---

Please list any current health problems your horse has that require special attention.

---

---

In the case of an emergency, if you could not be reached, would you allow decisions to be made for your horse's care/euthanasia? \_\_\_\_\_ Is your horse a candidate for life sustaining surgery? \_\_\_\_\_

Remarks, special instructions, insurance information or contacts needed, etc. concerning any decisions for your horse: \_\_\_\_\_

---

---

---

---

## ***HORSES'S FARRIER INFORMATION***

Who is your farrier? \_\_\_\_\_ Phone #: \_\_\_\_\_

Would you want to use your own farrier or the farrier that EQUI-VENTURE uses? \_\_\_\_\_

Within the last year, was your horse seen by the farrier for anything other than routine care? (Includes abscesses of the hoof.) \_\_\_\_\_ If so, please describe. \_\_\_\_\_

---

Is your horse on a regular schedule with a farrier? \_\_\_\_\_ Frequency: \_\_\_\_\_

Does your horse have any gait / conformation abnormalities or medical conditions (ie. winging, tripping, forging, brushing, over reaching, run downs, navicular disease, arthritis, EPM, wobbles, founder, etc.) that are treated with corrective measures?

---

---

Does your horse normally require any special trimming or shoeing (ie. hot shoes, clips, pads, studs, borium)?

---

---

## ***HORSE'S DENTAL INFORMATION***

*Who is your equine dentist? \_\_\_\_\_ Phone #: \_\_\_\_\_*

*Would you want to use your own equine dentist or the equine dentist that EQUI-VENTURE uses? \_\_\_\_\_*

*Within the last year, was your horse seen by the equine dentist for anything other than routine care? \_\_\_\_\_  
If so, please describe. \_\_\_\_\_*

*Is your horse on a regular schedule with an equine dentist? \_\_\_\_\_ Frequency: \_\_\_\_\_*

*Does your horse have any dental concerns or require any special dental treatment/procedures? \_\_\_\_\_  
If so, please describe. \_\_\_\_\_*

## ***HORSE'S BEHAVIOR***

*Approximately how many days per month will your horse be absent from the facility? \_\_\_\_\_*

*Where is the horse being kept now? (field or stall) \_\_\_\_\_*

*During the establishment of the pecking order, is your horse typically dominant or submissive in a group of other horses during turnout? \_\_\_\_\_*

*Once the pecking order is established, is your horse typically dominant or submissive? \_\_\_\_\_*

*Do you know or have you been told that your horse is: territorial, aggressive, playful/fractious, depressed, herd/buddy/barn sour, a loner, at the bottom of the pecking order, (if the horse is a gelding) mare happy or proud cut, (if the horse is a mare) mare-ish? \_\_\_\_\_*

*NOTE: We rescue, rehabilitate and train horses. We know that there is no such thing as the perfect horse. All horses have habits, good or bad. Even if your horse is not being brought to EQUI-VENTURE for training, please take a few moments to complete our EQUI-VENTURE Vices, Behavior or Training Issues worksheets. This will help us to know what your horse's normal behavior is. In addition these worksheets will help point out any potential problem areas to keep our staff, visitors and your horse safe and comfortable. Just because your horse may have bad vices or behavior, does not mean that the horse can not be boarded at EQUI-VENTURE. We want to make informed decisions as to your horse's comfort, care and handling. We can accommodate most horses.*

*If you answered yes to any of the questions on the worksheets or added a vice, please describe your horse's behavior in more detail:*

---

---

---

---

---

---

*Please tell us anything else about your horse or yourself that you would like to express.*

---

---

---

---

---

---

---

---

---

---

*There will be a basic boarding fee for horse care with additional and/or optional services provided for a fee. The first month of board and a deposit amount equal to one month's board will be paid with the signing of the Boarding Agreement. All monthly board and extra services payments are to be paid the Saturday before the first of each month.*

*We accept students as boarders as well as outside horse owners. Since most of the income generated for our Horse Rescue, horse care and other programs is obtained from our horsemanship lessons, only boarders that are EQUI-VENTURE students/members will receive any applicable reduced program/boarding rates. Any boarding package for our students/members that includes lessons, those lessons must be used weekly and are on a "use it or lose it" basis. It is the boarder's/student's responsibility to schedule their lessons. Lessons must be used according to our lesson schedule.*

*Even though boarding is reserved first for our Horsemanship Lesson students and those that actively participate in our programs, we will allow a limited number of non-students and non-members to board their horse(s) here at EQUI-VENTURE . However, they will not receive a reduced program/boarding rates. These boarders may use their own instructor but, their lessons must be scheduled with the stable manager so as not to interfere with EQUI-VENTURE 's programs and lessons. Any EQUI-VENTURE lesson or activity will always have priority. A small fee will be charged to cover use of the facility. Outside instructors must also show proof of insurance.*

*Any outside trainers, instructors and/or coaches must show proof of insurance.*

*I, the undersigned, grant the staff of EQUI-VENTURE EQUESTRIAN CENTRE the authority to contact the references, vet, farrier and/or equine dentist that I have listed on this application. I understand that the information that I have provided on this application will not be released to any outside person or entities unless required by law.*

*I further understand that this is not the Boarding Agreement, but an application. No fees are to be exchanged with this application. This application must be approved by the staff of EQUI-VENTURE EQUESTRIAN CENTRE before a Boarding Agreement is signed and payment is accepted. In signing, I hereby attest that the information provided in this application (6 pages plus the pages of the EQUI-VENTURE Vices, Behavior and Training Issues Worksheets) is true, to the best of my knowledge.*

---

*APPLICANT'S SIGNATURE*

---

*DATE*