

SILVER QUARTER ACRES BOARDING APPLICATION

5551 INDIANA ST – GOLDEN, CO 80403 – (303) 279-6896 – FAX (720) 528-7953 – MANAGER@SILVERQUARTERACRES.COM

Boarder Information

Boarder Name*: _____ Social Security No*: _____
Address, City, Zip*: _____
Driver's License/ID*: _____ Birth Date*: _____
Mobile Phone: _____ Home Phone: _____ Work Phone: _____
Email: _____ May we email you about barn activities? Yes No
Employer: _____ Address: _____
Supervisor: _____ Phone: _____ How Long: _____

Emergency Contacts

Name: _____ Relationship: _____
Day Phone: _____ Night Phone: _____ Cell Phone: _____
Name: _____ Relationship: _____
Day Phone: _____ Night Phone: _____ Cell Phone: _____

References

Name: _____ Relationship: _____
Day Phone: _____ Night Phone: _____ Cell Phone: _____
Name: _____ Relationship: _____
Day Phone: _____ Night Phone: _____ Cell Phone: _____

Veterinarian

Name: _____
Address: _____ Phone: _____
Can we contact your vet for a reference and to request a copy of your horses' vaccination records? Yes No

Farrier

Name: _____
Address: _____ Phone: _____

Trailer

Trailer Make: _____ Model: _____ Plate: _____
Trailer Make: _____ Model: _____ Plate: _____
Will you park your trailer at our facility? Yes No

Visitors to Our Facility

Please list additional persons that you anticipate will be visiting our facility in connection with your horses.
Trainer: _____ Will they visit our facility? Yes No
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____

The answers that I have provided are true and correct. I understand that any false answers will be sufficient grounds for rejection and loss of any deposit. I authorize the Barn Manager to verify my employment, check my references and to obtain a credit report. I authorize all banks, employers, veterinarians, and all other persons to release to the Barn Manager any information necessary to evaluate this application.

X _____

Applicant

Date

* = Required Information

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Horse to be Boarded (provide this page for each horse) Boarder Name: _____

Name of your horse: _____ Stallion Gelding Mare

If your horse is a mare, is she in foal? No Yes. Will she deliver her foal at this facility? No Yes. Foaling date? _____

Color and markings: _____ Year foaled: _____

Breed and Reg. no: _____ Tattoos, brands or other identifying marks: _____

Does your horse have any history of colic or other medical problems? _____ If yes, explain. _____

Does your horse have any feed allergies? _____ If yes, explain: _____

Are you the sole owner of your horse? _____ If not, explain: _____

Have you attached written proof of vaccinations incl. West Nile, and negative Coggins? _____ If no, explain. _____

Does horse have any history of behavioral issues? (e.g., biting, escaping, cribbing, etc) _____ If yes, explain. _____

Is horse insured? _____ If yes, provide any special instructions for stable. _____

What else should we know about your horse? (e.g., herd behavior, special dietary needs) _____

What does your horse eat daily?	Grass	Alfalfa	Purina Strategy	Purina Enrich	Purina Healthy Edge	Purina Senior	Other
AM							
PM							

Horse's Current Location

Where is your horse currently stabled? (check one) At home Boarding facility Private residence. If not home, provide info below:

Name of Facility (if applicable): _____

Owner or Manager Name: _____

Address: _____

Phone Number: _____ May we contact this facility for a reference? (check one) Yes No

Previous Boarding Facility

Where was your horse kept prior to its' current location? (check one) At home Boarding facility Private residence.

Name of Facility (if applicable): _____

Owner or Manager Name: _____

Address: _____

Phone Number: _____ May we contact this facility for a reference? (check one) Yes No

PLEASE DRAW ALL WHITE MARKINGS, BRANDS, WHORLS AND SCARS ON THE DIAGRAMS FOLLOWING A VISUAL INSPECTION OF THE HORSE.

