



HORSE INFORMATION

Horse Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Horse Age or Year of Birth: \_\_\_\_\_ Height: \_\_\_\_\_

Horse Breed: \_\_\_\_\_ Markings: \_\_\_\_\_

Horse Body Condition Score (BCS): \_\_\_\_\_ Color: \_\_\_\_\_

Does your horse have shoes? Qty? Location? \_\_\_\_\_

How long have you owned the horse? \_\_\_\_\_

Where is the horse being kept currently? \_\_\_\_\_

Is the horse current on vaccinations and Coggins? \_\_\_\_\_

Name of veterinarian: \_\_\_\_\_

Veterinarian Phone: \_\_\_\_\_

Please list any current health problems your horse has that requires special attention:  
\_\_\_\_\_  
\_\_\_\_\_

Was your horse seen by the vet/farrier/dentist in the last year for anything other than routine care? If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

Does your horse exhibit any potentially dangerous behavior (such as rearing or biting)? \_\_\_\_\_  
If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

Does your horse exhibit any vices (such as cribbing, pawing, or diggings)? \_\_\_\_\_ If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

If your horse has been boarded at another facility, please list facility name and contact information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your horse dominant or submissive in the field? \_\_\_\_\_

Please tell us anything else about your horse or yourself that you would like for us to take into consideration: \_\_\_\_\_

There will be a basic boarding fee of \$180 per month with additional/optional services provided for a fee. The first month of board shall be paid upon your horse's arrival to our facility. Monthly fees are to be paid by the 5<sup>th</sup> of each month.

I, the undersigned, grant the staff of LONG BRANCH *Historic House & Farm*, the authority to contact the references/vet/boarding facilities listed on this application. I understand that the information provided in this application will not be released to any outside person or entities unless required by law.

I further understand that this is not the board agreement, but an application. In signing, I hereby attest that the information provided in this application is true to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date