

BOARDING APPLICATION
Hopkins Spring Farm, Inc.
15307 Frederick Road
Woodbine, MD 21797
410-489-5883
- Please fill out one per horse -

Please answer all questions as completely and accurately as possible to determine best situation for you and your horse:

Applicant Name: _____

Horse Name: _____

Address: _____

Phone Numbers: _____

Cell: _____

Are you the rightful owner(s) of the horse you intend to board? _____

If no, provide owners name & phone: _____

Gender of horse: _____ Color: _____ Age: _____ Height: _____

Breed: _____ Distinguishing markings _____

PLEASE provide a picture of the horse.

Please list name and age of any minors who will be visiting the premises: _____

All minors under 16 must have adult supervision while on the property. Minors 16 and older must have permission in writing to be on the property without supervision.

Please describe your experience with horses and length of time that you have been involved with horses: _____

How long have you owned the horse: _____

Where is the horse being kept now (field/stall) ? _____

Is the horse current on vaccinations? _____ Date of Strangles & Rhino vaccine given? _____

What is the date of issuance of the negative Coggins (please provide a copy)?

Name of Veterinarian: _____ Phone #: _____

Would you like to use your own vet or one provided by HSF? _____

Please list any current health problems your horses has that require special attention:

Was your horse seen by the vet/farrier/dentist in the last year for anything other than routine care and if so please describe

Is your horse on a regular schedule with a farrier? _____ Frequency: _____
Who is your farrier? _____ Phone # _____
Would you wish to use your farrier or HSF? _____
Is your horse bare foot/front shoes/4 shoes? _____

Is your horse covered by equine insurance? _____ If yes, by whom and what type

Please list three personal references, including addresses and telephone numbers. Equine related references are preferred: _____

Please list at least one facility in which your horse was boarded that we may contact as a Reference and approximate dates at facility:

Please list the approximate hours per week you/family member/friend spends with the horse and type of activities you usually participate in (ex. Shows, pleasure rides):

Please list the average number of days per month the horse will be absent from the premises: _____
AND Do you own a trailer? _____ If so, where will you be keeping it? _____

Vices; does your horse:

	Yes	No
Crib?	<input type="radio"/>	<input type="radio"/>
Wood chew?	<input type="radio"/>	<input type="radio"/>
Stall walker?	<input type="radio"/>	<input type="radio"/>
Kick the walls?	<input type="radio"/>	<input type="radio"/>
Paw/dig?	<input type="radio"/>	<input type="radio"/>
Fence walk?	<input type="radio"/>	<input type="radio"/>
Need a chain shank?	<input type="radio"/>	<input type="radio"/>
Bite handlers?	<input type="radio"/>	<input type="radio"/>

If you answered "yes" to any of the above please provide a more thorough description of your horse's behavior or/and add any other vices. _____

Does your horse exhibit any potentially dangerous behavior such as spinning, kicking, rearing, biting, excessive spooking, nervousness? _____ Please explain _____

Is your horse dominant or submissive in the field? _____

In the case of an emergency, when you could not be reached would you allow decisions to be made for your horses care? _____. Is your horse a candidate for life sustaining surgery? _____

Remarks:

Has your horse had colic? _____ If so, how often and explain measures taken:

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 &/or optional services provided for a fee. The first month of board and a deposit shall be paid with the boarding agreement. Monthly fees are to be paid at the beginning of each month. One member of the boarding family must ride regularly in at least one lesson per week to encourage continued education and safety.

I, the undersigned, grant the staff of Hopkins Spring Farm Inc, the authority to contact the references/vet/farrier that I have 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 this is not the board agreement, but an application. No fees are to be exchanged with this application. In signing I hereby attest that the information provided in this application (3 pages) is true, to the best of my knowledge.

Applicant's Signature

Date