



CROSSFIRE FARM

HOME OF SUMNER EVENTING

BOARDING APPLICATION

How did you learn about Crossfire Farm? _____

Horse Owner/Rider Information

Rider's Name : _____ Age: _____ Today's Date: _____

Rider's Horse Experience: _____

Riders Goals/Interests: _____

Contact Information

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Horse's Information

Horse's Name: _____ Years Owned: _____ or Leased: _____

Gender: _____ Breed: _____ Age: _____

Tattoos, brands or other identifying marks: _____

Please note: We do not accept stallions, pregnant mares or unbroken horses.

Does your horse have any history of colic or other medical problems? **YES** **NO**

If yes, please explain: _____

Are you the sole owner of your horse? **YES** **NO**

If not, please explain: _____

Does horse have any history of behavioral issues? **YES** **NO**

(biting, kicking, bucking, rearing, pulling back when tied)

If yes, please explain: _____

Does your horse have any vices? (cribber, chew wood, windsuck, weave or any other habits)

YES **NO**

If yes, please explain: _____

Does your horse have a history of escaping from stalls, paddocks, pastures or other enclosures?

YES **NO**

If yes, please explain: _____

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

What does your horse currently eat (type and amount) each day?

Has this horse ever had or been exposed to Equine Infectious Anemia, Strangles, Equine Herpes (EHV), or any other contagious equine disease? **YES** **NO**

If Yes, please explain: _____

If the horse is leased, or on payment terms, a copy of the contract must be provided when submitting this form and Legal Owners Information.

Boarding History

Please list the two (2) most recent locations where you and this horse boarded. Or if horse is new, your last two boarding barns:

Barn Name: _____ Contact Person: _____

Email Address: _____ Phone: _____

Boarded from _____ to _____

What are your reasons for leaving?: _____

Barn Name: _____ Contact Person: _____

Email Address: _____ Phone: _____

Boarded from _____ to _____

What are your reasons for leaving?: _____

Veterinarian

Name: _____ Address: _____

Work phone: (____) _____ Cell phone: (____) _____

Farrier

Name: _____ Address: _____

Work phone: (____) _____ Cell phone: (____) _____

Additional References

Please provide two personal references that are horse related:

Name: _____ Relationship: _____ Years Known: _____

Email Address: _____ Phone: (____) _____

Name: _____ Relationship: _____ Years Known: _____

Email Address: _____ Phone: (____) _____

Applicant Signature: _____ Date: _____

Print Name: _____

Parent/Guardian Signature _____ Date: _____

(if under 18)

Once this form has been completed please return it by email to teamcrossfirefarm@gmail.com

Completion of this form does not guarantee that boarding will happen, and priority is given to potential boarders who plan to participate in our lesson and/or training program. We will be in touch shortly!