

(Please complete one application for each horse boarded)

Obenour Equine Center offers full care boarding with individual stalls, private paddocks, and small group turnout. Our stable is a family friendly environment with a diverse group of riders covering an array of experience levels and enjoying a variety of riding disciplines. To maintain a relaxed and fun atmosphere, and continue to provide a safe environment for our horses and riders we ask that all potential boarders complete the following form.

How did you learn about Obenour Equine Center? \_\_\_\_\_

## Horse Owner/Rider Information

Rider's Name and Age:	Age	Date	
Rider's Horse Experience:			
Riders Goals/Interests:			
Names of Family Members/Visitors that may regularly accompany Rider(s):			

## **Contact Information**

Address:		_City:	_State:	_Zip:
Email Address:		_ Cell Phone:		
Home Phone:		_ Work Phone:		
Email		_ Soc Sec #		
Horse's Information				
Horse's Name:		Years Owne	d/Leased:	
Gender:	Breed:	Age:		
Tattoos, brands or other identifying marks:				
Does your horse have any history of colic or other medical problems?				
If yes, please explain:				

Are you the sole owner of your horse?

If not, please explain: \_\_\_\_\_

Does horse have any history of behavioral issues? (biting, kicking, bucking, rearing, pulling back when tied) If yes, please explain:\_\_\_\_\_\_

Does your horse crib, chew wood, windsuck, weave or have any other habits? If yes, please explain: \_\_\_\_\_

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

\_\_\_\_ No \_\_\_\_ Yes 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 must be filled out below.

If the horse has been acquired within the last year please provide the previous owners contact information below.

Name of Previous or Legal Owner:		Years Owned:
Address:	City:	State: Zip:
Email Address:	Cell Phone:	
Home Phone:	Work Phone:	

## **Boarding History**

Please list the most recent location where your horse lives or is being boarded:

 Barn Name:
 Contact Person:

 Email Address:
 Phone:

Boarded	from
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Can we contact barn owner for a reference?  $\Box$  Yes  $\Box$  No (check one)

## Veterinarian

Name:	Address:			
Work phone: ()	Cell phone: ()			
Can we contact your vet for a reference?	□ Yes □ No (check one)			
Farrier Name:	Address:			
Work phone: ()	Cell phone: ()			
Can we contact your farrier for a reference	e? $\square$ Yes $\square$ No (check one)			
Trainer or Instructor (if applicable)				
Name:	Address:			
Work phone: ()	Cell phone: ()			
Can we contact your trainer or instructor f	or a reference?  □ Yes  □ No (	check one)		
Do you plan to have your trainer or instruct	ctor teach you this facility? $\Box$ `	Yes □ No (check one)		
Additional References				
Please provide two personal references the	hat are horse related.			
Name:		Years Known:		
Email Address:				
Name:	Relationship:	Years Known:		
Email Address:	Phone:			
Applicant Signature:				
Print Name:	Date:			
Parent/Guardian Signature (if under 18) _		_Date		

Once this form has been completed please return it to Obenour Equine Center by email or mail. The Application will be reviewed and a decision will be made as quickly as possible. Completion of this form does not guarantee that boarding will happen, and priority is given to potential boarders who plan to participate in the lesson or training program. Thank you for your time and consideration. We will be in touch shortly!

Obenour Equine Center - 7633 County Highway 96 - Wharton, Ohio 43359 - 419.957.1738 - info@obenourequinecenter.com