

G & J LAZY P APPLICATION FOR BOARDING

Boarder Information

Name: _____ SSN: _____

Address: _____

Drivers License #: _____ DOB: _____

Day Phone: _____ Evening Phone: _____

Email Address: _____

Emergency Contacts

Name: _____ Relationship _____

Day Phone: _____ Night Phone: _____ Cell Phone: _____

Name: _____ Relationship _____

Day Phone: _____ Night Phone: _____ Cell Phone: _____

Veterinarian

Name: _____

Address: _____ Phone: _____

May we contact your vet for a copy of your horses' vaccination records? ☐ Yes ☐ No

Farrier

Name: _____

Address: _____ Phone: _____

May we contact your farrier for a reference? ☐ Yes ☐ No

Trailer

Make: _____ Model: _____ Plate: _____

Horses Current Location

Where is the horse currently stabled?

☐ Home ☐ Boarding Facility ☐ Other _____

Visitors to the Facility

Please list additional persons that you anticipate will be visiting the facility in connection with your horses.

Family Members

Name: _____ Age: _ Relationship: _____

Name: _____ Age: _ Relationship: _____

Name: _____ Age: _ Relationship: _____

Others

Name: _____ Business: _____

Name: _____ Business: _____

References

Name: _____ Relationship _____

Day Phone: _____ Night Phone: _____ Cell Phone: _____

Name: _____ Relationship _____

Day Phone: _____ Night Phone: _____ Cell Phone: _____

Previous Boarding Facility (if applicable) May we contact for a reference? ☐ Yes ☐ No

Name of Facility: _____

Barn Manager: _____ Phone: _____

Address: _____

By signing below I authorize agent for G & J Lazy P to check my references and validate any and all information listed above.

Name

Date

Horse to be Boarded (Provide this sheet for each horse to be boarded)

Registered Name of Horse: _____

Barn Name of Horse: _____ ☐ Stallion ☐ Gelding ☐ Mare

If horse is a mare, is she in foal? ☐ Yes ☐ No Foaling date: _____

If yes, will she deliver at this facility? ☐ Yes ☐ No

Color and Markings: _____ Year foaled: _____

Breed: _____ Registration No. _____

Any Brand or Identifying marks? _____

History of Colic or medical problems: ☐ Yes ☐ No If yes, please explain: _____

Any feed allergies? ☐ Yes ☐ No If yes: _____

Any history of behavioral issues? ☐ Yes ☐ No If yes, explain: _____

Is the horse insured? ☐ Yes ☐ No If yes, fill out Insurance Info Card

Other information: _____

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

