

# L.C.P.O.A.

## EQUINE BOARDING APPLICATION

(Please complete one application for each horse boarded)

Lake California Property Owners Association, Inc. (LCPOA) Equine Boarding Center offers boarding with individual stalls, paddocks, and small barn space. Our Boarding facility 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 the LCPOA Equine Boarding 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 \_\_\_\_\_

### Horse's Information

Horse's Name: \_\_\_\_\_ Years Owned/Leased: \_\_\_\_\_

Gender: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Tattoos, brands or other identifying marks: \_\_\_\_\_ (Picture required)\*

**Please note:** The LCPOA Equine Boarding Center does not accept stallions, pregnant mares or unbroken horses.

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 \_\_\_\_\_ to \_\_\_\_\_ What are your reasons for leaving: \_\_\_\_\_?

Can we contact barn owner for a reference?  Yes  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?  Yes  No (check one)

**Trainer or Instructor** (if applicable)

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Work phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_  
Can we contact your trainer or instructor for a reference?  Yes  No (check one)

Do you plan to have your trainer or instructors teach you this facility?  Yes  No (check one)

**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: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

Once this form has been completed please return it to the LCPOA Administrative office 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; Applicant must meet with authorized contact for initial interview, tour and orientation. Thank you for your time and consideration. We will be in touch shortly!

**\$100 APPLICATION DEPOSIT - PLEASE ATTACH CHECK PAYABLE TO "LCPOA" TO THIS FORM**