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Boarding Application

Dream Catcher Ranch offers full care boarding with individual stalls, private paddocks, and small/large 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.

Horse Owner/Rider Information

Horse Owner:		Today's Date						
Rider's Name:		Age:						
Rider's Horse Experie	nce:							
Riders Goals/Interests:								
Names of Family Members/Visitors that may regularly accompany Rider(s):								
Contact Information:								
Address:								
Cell Phone:		Home Phone:						
Work Phone:								
Horse's Information :								
Name:		Years Owned/Leased:						
Gandar:	Broad.	Vao.						

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, specia dietary needs)

What does your horse current	ly eat (type and amount) each day?					
Has this horse ever had or beer Herpes, or any other contagiou	n exposed to Equine Infectious Anemia, Strangles, Equine is equine disease? Yes No					
If Yes, please explain:						
	ment terms, a copy of the contract must be provided Legal Owners Information must be filled out below.					
Name of Previous or Legal Own	ner: Years Owned:					
Address:						
Email Address:	ress: Cell Phone:					
Home Phone:	Work Phone:					
Boarding History:						
Please list the most recent loca	tion 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)					
References:						
1. Veterinarian Name:						
Address:						
	Cell phone: ()					
Can we contact your vet for a r	reference? Yes No (check one)					
2. Farrier Name:						
Address:						
Work phone: ()	Cell phone: ()					
Can we contact your farrier for	a reference? Yes No (check one)					
3. Trainer or Instructor (if a	oplicable) Name:					
Address:						

Work phone: () Cell	phone: ()						
Can we contact your trainer or instructor for a ı	reference?	Yes	No (ch	eck one)			
Do you plan to have your trainer or instructor to one)	each you this f	acility?	Yes	No (checl			
Additional references that are horse related:							
1. Name:	Relationship:						
Years known: Email Address:		Phone:					
2. Name:	Relationship:						
Years known: Email Address:		Phone:					
Applicant Signature:							
Print Name:		i					
Date:							
Parent/Guardian Signature (if under 18) _							
Date:							

Once this form has been completed please return it to Dream Catcher Ranch 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 gives us an idea of who you and your beloved horses are. Thank you for your time and consideration. We will be in touch shortly!