

SHEPARD STABLE
Dennis Shepard, Owner
BOARDING APPLICATION

OWNER INFORMATION

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE (_____) _____
CELL PHONE (_____) _____
E-MAIL _____
SPOUSE/SIGNIFICANT OTHER S NAME _____

NAME(S) OF THE INDIVIDUALS WHO HAVE YOUR PERMISSION TO
RIDE YOUR HORSE(S) (all individuals must sign a release of liability annually)

EMPLOYMENT HISTORY

EMPLOYER _____
POSITION _____
LENGTH OF TIME EMPLOYED _____
WORK PHONE (_____) _____
SUPERVISOR S NAME _____
Previous employer if less than two years at above employer

EMPLOYER _____
POSITION _____
LENGTH OF TIME EMPLOYED _____
WORK PHONE (_____) _____
SUPERVISOR S NAME _____

REFERENCE INFORMATION

Reference One

Name _____
Address _____
City _____ State _____ ZIP _____
Home Phone (_____) _____ Cell Phone (_____) _____
Relationship to horse OWNER _____

Reference Two

Name _____
Address _____
City _____ State _____ ZIP _____
Home Phone (_____) _____ Cell Phone (_____) _____
Relationship to horse OWNER _____

HORSE INFORMATION

HORSE #1

BARN NAME _____
REGISTRY NAME _____
AGE _____ SEX mare gelding (NO STALLIONS ALLOWED)
COLOR(S) _____
REGISTRATION/TATTOO/BRAND _____
BREED _____
INSURANCE CARRIER _____
VET NAME _____
DATE OF LAST VACCINATIONS _____
VET PHONE (_____) _____
FARRIER NAME _____
FARRIER PHONE (_____) _____

HORSE #2

BARN NAME _____
REGISTRY NAME _____
AGE _____ SEX mare gelding (NO STALLIONS ALLOWED)
COLOR(S) _____
REGISTRATION/TATTOO/BRAND _____
BREED _____
INSURANCE CARRIER _____
VET NAME _____
DATE OF LAST VACCINATIONS _____
VET PHONE (_____) _____
FARRIER NAME _____
FARRIER PHONE (_____) _____

HORSE #3

BARN NAME _____
REGISTRY NAME _____
AGE _____ SEX mare gelding (NO STALLIONS ALLOWED)
COLOR(S) _____
REGISTRATION/TATTOO/BRAND _____
BREED _____
INSURANCE CARRIER _____
VET NAME _____
DATE OF LAST VACCINATIONS _____
VET PHONE (_____) _____
FARRIER NAME _____
FARRIER PHONE (_____) _____

MAIL COMPLETED APPLICATION TO:

SHEPARD STABLE
11030 South 200 West
Brookston, IN 47923
(765) 412-6404