

**PAINTED DREAMS FARM**  
**BOARDER APPLICATION SHEET**

OWNER'S NAME

OWNER'S PHONE NUMBERS

OWNER'S ADDRESS

OWNER'S EMAIL

DISCIPLINE

HORSE'S NAME

BREED

AGE

SEX

HEIGHT/WEIGHT

COLOR

TEMPERMENT

PLEASE ATTACH COPIES OF THE FOLLOWING:

PROOF OF NEGATIVE COGGINS: REQUIRED WITHIN THE PAST YEAR  
IMMUNIZATION RECORD (STREP EQUI VACCINE REQUIRED)

HORSE'S CURRENT REQUIREMENTS:

GRAIN

HAY

SUPPLEMENTS/MEDS

TURN-OUT

BLANKETING

SPECIAL INTRUCTIONS OR NEEDS

CURRENT PROVIDERS:

VET

FARRIER

DENTIST

PLEASE PROVIDE US WITH 3 EQUINE RELATED REFERENCES.