

**RMS Ranch**  
**A Full-Service Equine Facility**  
19410 SW 25th Place  
Dunnellon, FL 34431  
845-518-1239 / 352-512-8284

**EQUINE BOARDING APPLICATION**

(Please complete one application for each horse boarded)

RMS Ranch, LLC offers full care boarding and small 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.

Date \_\_\_\_\_

How did you learn about RMS Stables? \_\_\_\_\_  
\_\_\_\_\_

**Horse Owner/Rider Information**

Rider's Name \_\_\_\_\_ DOB: \_\_\_\_\_

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: \_\_\_\_\_

Soc Sec # \_\_\_\_\_

**Horse's Information**

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

Gender: \_\_\_\_\_ Breed: \_\_\_\_\_ DOB: \_\_\_\_\_

Identifying marks, brands, tattoos, etc: \_\_\_\_\_  
\_\_\_\_\_

Type of Boarding Interested in:

Barn Stall with Turnout \_\_\_\_\_ Pasture Stall & Full-time Pasture \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

Date of Last Coggins \_\_\_\_\_ Vaccines Received and Dates \_\_\_\_\_

\_\_\_\_\_

**A copy of the last Coggins and Vaccine Record must be submitted with this application.**

If the horse has been acquired within the last year please provide the previous owners contact information below. **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.**

Name of Previous or Legal Owner: \_\_\_\_\_ Years Owned: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home 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**

Practice: \_\_\_\_\_ Vet: \_\_\_\_\_  
Address: \_\_\_\_\_  
Work phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_  
Please describe any special veterinary requirements: \_\_\_\_\_  
\_\_\_\_\_

**Can we contact your vet for a reference?  Yes  No (check one)**

**Are you comfortable using the veterinarian that RMS Ranch uses:  Yes  No (check one)**

**Farrier:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Work phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_  
Please describe any special farrier requirements: \_\_\_\_\_  
\_\_\_\_\_

**Can we contact your farrier for a reference?  Yes  No (check one)**

**Are you comfortable using the farrier that RMS Ranch uses:  Yes  No (check one)**

**Trainer or Instructor (if applicable)**

Name: \_\_\_\_\_ Main Discipline \_\_\_\_\_  
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 instructor teach you this facility?  Yes  No (check one)

**Are you comfortable using the trainer that RMS Ranch uses:  Yes  No (check one)**

**Additional References**

Please provide other 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 RMS Ranch by email or mail.

**RmsRanch@icloud.com OR RMS Stables 19410 SW 25th Place Dunnellon, FL 34431**