

MacNair's Country Acres, Inc.  
2721 Dover Farm Road  
Raleigh, NC 276060  
919-851-1171 barn and fax, 851-1194 fax only

**Application for Horse Board**

Owner's name \_\_\_\_\_ Owner's DOB (if under 18) \_\_\_\_\_

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

Phone: home \_\_\_\_\_ work \_\_\_\_\_ other \_\_\_\_\_

Horse's name \_\_\_\_\_ Registered name \_\_\_\_\_

Breed \_\_\_\_\_ Sex \_\_\_\_\_ DOB/age \_\_\_\_\_

Date of last deworming and method \_\_\_\_\_

Last vaccinations & dates \_\_\_\_\_

Please state value of horse: \_\_\_\_\_

Is this horse insured? \_\_\_\_\_ Give any information we would need in your absence in case of an emergency \_\_\_\_\_

HORSE HISTORY (Please use separate sheet if necessary)

Does horse have any known allergies: feeds, medications or otherwise?

Describe: \_\_\_\_\_

Any history of colic: \_\_\_\_\_

Is horse known to: kick \_\_\_\_\_ bite \_\_\_\_\_ kick stall \_\_\_\_\_ panic on being tied \_\_\_\_\_

Please give any particulars: \_\_\_\_\_

**Does this horse WEAVE? \_\_\_\_\_ CRIB? \_\_\_\_\_ WEAR A CRIBBING STRAP? \_\_\_\_\_**

Horses that crib will only be boarded if the cribbing can be totally controlled, by strap, or cage muzzle if necessary.

Current diet: Please give concentrate amounts in protein % and lbs.

\_\_\_\_\_

Please include any information that will help alert us to your horse's health needs \_\_\_\_\_

Your regular veterinarian: \_\_\_\_\_

Please enclose a copy of a negative Coggins test, dated within last 6 months, and record of vaccinations. No horse is permitted on premises until these have been received.

Do you have a trailer: \_\_\_\_\_ Do you wish to store it on the property? \_\_\_\_\_

Stall Deposit \$ \_\_\_\_\_ Board \$ \_\_\_\_\_ Trailer Fee \$ \_\_\_\_\_

Requested Arrival Date: \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Today's date: \_\_\_\_\_

Date Received at Country Acres \_\_\_\_\_