

**Boarding Application for Rein and Shine**  
**Please submit either via fax (843) 849-1012 or admin@reinandshine.org**

For the purposes of being considered for boarding a horse at Rein and Shine.

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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Mobile Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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Employer \_\_\_\_\_ Title \_\_\_\_\_ Supervisor \_\_\_\_\_

How long employed: \_\_\_\_\_  
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How long have you owned the horse that you want to board at our facility? \_\_\_\_\_

How long do you plan on boarding at our facility? \_\_\_\_\_

Does your horse have any of the following vices or criteria?

- Cribbing
- Chewing
- Lameness
- Kicking
- Biting
- Fear of dogs
- Fear of : \_\_\_\_\_ Other Vices: \_\_\_\_\_

Does your horse go on trailers? Yes No

Does your horse stand in cross ties? Yes No

Does your horse stand for the farrier? Yes No

How often do you have your horses feet trimmed/shod? \_\_\_\_\_

Personal References:

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Previous boarding facility: \_\_\_\_\_

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Facility \_\_\_\_\_ Manager Name & # \_\_\_\_\_

How long boarded there? \_\_\_\_\_