

Horse Boarders Association

P.O. Box 14082
Santa Barbara, CA 93107
(805) 893-4208

Applicant Questionnaire

Please print, fill out, and mail to the above address.

Please note, applicants for leases (non horse owners) need only fill out the parts pertaining to themselves and horse care.

Date: _____ Previous member? Yes ___ No ___

Name: _____

Address: _____

City/State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Alternate address/phone: _____

Car make and license number: _____

Name of horse: _____ Breed: _____

Age/DOB: _____ Sex: _____ Height: _____

Description of horse: _____

Describe any health problems of horse that require special care: _____

Any vices (pulling, kicking, cribbing, etc.)? _____

Dryland Distemper? _____

Does the horse load and/or trailer well? _____

What special riding interests do you have? _____

How often do you plan to exercise you horse? _____

What kind of exercise and for how long? _____

How often do you plan to feed your horse per day? _____

How much per feeding? _____ How often do you worm? _____

How often do you vaccinate? _____

Please list dates and names of last wormings and vaccinations given:

How often do you have your horse trimmed or shod? (indicate which) _____

How often do you plan to clean your corral? _____

Describe previous stabling experience (public barn, backyard, corral, pasture, box stall, etc.): _____

Desired arrival date, if accepted? _____ Anticipated length of stay? _____

Are you a student, staff, faculty or alumnus of UCSB? (circle one) If a student, what year are you? _____

Describe your background and experience with horses: _____

Please briefly describe what you feel constitutes a co-op. How can you best contribute to the co-op? _____

Thank you! We will contact you about your application. If you have any questions, you can call the stables at (805) 893-4208