



# MCS Stables

8301 S State Route 89A Flagstaff, AZ 86005 (928) 774-5835

## BOARDER INFORMATION

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

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

Phone # (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Emergency Contacts: \_\_\_\_\_

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

Horse Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Description, including distinguishing marks and brands: \_\_\_\_\_

Shoes? Yes / No Name of Farrier: \_\_\_\_\_

Copy of current vaccinations and worming schedule? Yes / No

Medical Alert? Yes / No Please specify: \_\_\_\_\_

Special Diet Requirements? YES / No Please specify: \_\_\_\_\_

Turn out? Yes / No With other horses? Yes / No How often? \_\_\_\_\_

What is your horse like? What stable vices should be watched for?

History of colic or cribbing? Yes/ No Please specify: \_\_\_\_\_

Description of tack: \_\_\_\_\_

Description of trailer: \_\_\_\_\_ License # \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Phone # \_\_\_\_\_

Value of horse \$ \_\_\_\_\_ Owner: Please initial here \_\_\_\_\_