**UTAH STATE UNIVERSITY**

**EQUESTRIAN EDUCATION CENTER**

**BOARDING APPLICATION**

Utah State University (“USU”) has a limited number of stalls and stable space available to students at the Sam Skaggs Family Equine Education Center (“Equine Center”), located at 3580 South, US-89, Wellsville, UT 84339. To ensure that the educational priorities of the Equine Center are met while also safeguarding the students and animals participating at the Equine Center, an evaluation of both the student and the horse to be boarded is conducted prior to USU entering into a Boarding Agreement with an interested applicant. Completion of this Application is the first step needed to undertake the evaluation.

Approved applications will be accepted based on the following Degree Programs and Student Club involvement:

1st priority Equine Science and Management Majors

2nd priority Equine Assisted Activities and Therapies Minors

3rd priority Vet School

4th priority Equine Clubs: Western team, English team, and Rodeo Team

5th priority CAAS Students

6th priority All other USU Students

The specific terms and conditions associated with boarding a horse at the Equine Center are set forth in the Equestrian Education Center Boarding Agreement (Appendix A) (“Boarding Agreement”). Boarding a horse with the Equine Center provides, *inter alia*: (1) the boarded horse with a stall and feed at the Equine Center and (2) the Applicant and boarded horse with access to the indoor and outdoor arenas during certain scheduled times.

**I. Applicant Information**:

|  |  |  |  |
| --- | --- | --- | --- |
| Name (“Applicant”): |  | A-Number |  |
| Address: |  | | |
| Email: |  | Phone Number: |  |
| Year in School: |  |  |  |
| Declared Major: |  | Declared Minor: |  |
| List any equestrian teams in which you currently participate (i.e. Western Equestrian Team, English Equestrian Team, or Rodeo Team) | | |  |
| How many years have you ridden horses? | | |  |
| Are you the listed “owner” of the horse to be boarded? | | |  |
| How many years have you owned your own horse? | | |  |
| What type of riding do you participate in? | | |  |
| What is your riding level (Novice, Intermediate, Advanced)? | | |  |
| Will you be leaving a horse trailer? |  | Trailer license Number: |  |

**II. Horse Information**:

|  |  |  |  |
| --- | --- | --- | --- |
| **Horse Description**: | | | |
| Name (“Horse”): |  | Age: |  |
| Color: |  | Markings: |  |
| Breed: |  | Gender: |  |
| Habits: |  | | |

Note: ttach a current profile photographs of the Horse as well as photos of any identifying marks or blemishes.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Medical History and Information**: | | | | | |
| Colic (Y/N): | |  | Frequency: | |  |
| Founder (Y/N): | |  | When: | |  |
| Known Allergies: | |  | | | |
| Vaccinations (include a record/receipts demonstrating each): | | | | Last Date: | |
| 1 | Rhinopneumonitis | | |  | |
| 2 | Equine Influenza | | |  | |
| 3 | West Nile Virus | | |  | |
| 4 | Rabies | | |  | |
| 5 | Tetanus | | |  | |
| 6 | Eastern Equine Encephalomyelitis | | |  | |
| 7 | Western Equine Encephalomyelitis | | |  | |
| Date of last deworming: | | |  | | |
| Date of last Coggins Test: | | |  | | |
| Other Relevant Medical Information: | | |  | | |
| Veterinarian: | |  | Phone Number: | |  |
| Is the Horse considered a surgical candidate in the event of colic or serious illness (Y/N)? | | | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Feeding Program**: | | | |
| Hay Type: |  | Amount (daily): |  |
| Known feed allergies |  | | |

|  |  |  |
| --- | --- | --- |
| **Insurance Information**: | | |
| Is the Horse insured? |  | |
| If yes, who is the insurance carrier? | |  |
| Policy Number: |  | |
| Carrier Address: |  | |
| Insurance contact name and phone number for emergencies: | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Owner Information** (if other than Applicant): | | | |
| Owner Name: |  | | |
| Address: |  | Address: |  |
| Email: |  | Email: |  |

**III. Boarding Term:**

Which semester\* are you applying for?       Semester, 20

\* Fall Semester September 1-December 31

Spring Semester January 1-April 30

Summer Semester May 1-August 31

**IV. Payments:**

Boarding fees are one thousand eight hundred dollars (**$1,800**) per semester. Boarding rates are due thirty (30) days in advance of the beginning of each semester period.

**V. Certification**

My signature below indicates that the information provided in this Application is true and accurate. I understand that submission of this Application in no way guarantees my and the Horse’s acceptance by USU into the boarding program. If accepted, I understand that I (and the Owner of the Horse, if the Applicant is not the owner) will be required to execute a Boarding Agreement. I have read the entire Boarding Agreement, understand its terms, and am prepared to execute the same.

|  |  |  |
| --- | --- | --- |
| |  |  | | --- | --- | | APPLICANT  By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name:  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | OWNER (if other than Applicant)  By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name:  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

Email completed application to kate.parkinson@usu.edu.

Checklist For Internal Purposes Only: Application Number:

The Applicant has:

* Completed the Application.
* Provided photographs of the Horse to be boarded.
* Provided evidence of vaccination.
* Provided evidence of negative Coggins.

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Denied by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_