

APGMWR

Stable Storage Application

Patron Name: _____ Horse Name: _____

1) **APPLICATION - This application will be processed within 2 weeks of being received. You will receive a notification once approved by ODR. Applicants must provide the following information:**

Date Application Received: _____ Requested Date Storage Start Date: _____

Patron Phone Number: _____ Patron Email: _____

Patron Eligibility IAW AR 215-1/ Table 7.1 (Circle One): Active Duty, Retired Military, National Guard, Reserve, DoD Civilian, NAF Civilian, AAFES Civilian, Retired Civilian, or Full Time APG Contractor.

Organization: _____ Home Address: _____

2) **Family Member, Children under 16, Emergency Contact and Beneficiary Information:**

Name of Family Member: _____ Phone Number: _____

Name of Family Member: _____ Phone Number: _____

Emergency Contact Name: _____ Phone Number: _____

Email Contact: _____ Relation to horse owner: _____

Beneficiary Name: _____ Phone Number: _____

Email Contact: _____ Relation to horse owner: _____

3) **HORSE INFORMATION -You must provide copies of all documents needed. We cannot accept Stallions, Pregnant Mares, Miniature Horses and/or Draft Horses. A separate application is required for each horse requesting storage.**

Sex of Horse? Mare / Gelding Horse Registered Name and Nickname: _____

Horse Breed: _____ Horse Height: _____ Horse Age (DOB) _____

Preferred Veterinarian: _____ Phone Number: _____

Preferred Farrier: _____ Phone Number: _____

Current boarding place address: _____

Type of current boarding: Show barn / Sales barn/ Hospital / Private / Military Installation / Other: _____

Documents Needed:

- Proof of ownership, Bill of Sale (must be in applicants name) with \$ value.
- Equine infectious anemia laboratory test (Coggins Test) form, not older than 3 months.
- Result: positive / negative Expires: _____
- Vaccination, at the minimum (not older than 11 months):
 - EEE/WEE, Expires: _____
 - Tetanus, Expires: _____
 - Flu/ Rhino, Expires: _____
 - Potomac Horse Fever, Expires: _____
 - Rabies, Expires: _____
 - West Nile Virus, Expires: _____
- Last Worming Date (No longer than 6 months): _____
- Health Certificate from accredited veterinarian (Not older than 2 weeks)

Does the horse have any current health issues? Y / N, what kind: _____

Has the horse ever had a colic that required surgery? Y / N

Does the horse wear horse shoes? Y / N

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4) TYPE OF TRAILER - If you have a horse trailer, utility trailer, or enclosed trailer you would like to store on the pad, you will need to provide the following documents:

Documents needed:

- **Trailer Registration:**
Tag Number and EXP: _____
Make and Model: _____
Name of Owner (must be in applicants name): _____
- **Trailer Insurance:**
Insurance Policy Number: _____
Insurance EXP: _____
Insurance Policy Holder (must be in applicants name): _____

5) RENTAL FEES - Any additional storage will depend on availability.

\$220 Deposit upon quarantine entry
\$20 non-refundable quarantine fee

\$110 per stall

Includes assignment of one (1) pasture, one (1) tack locker, one (1) bedding storage area, and one (1) hay storage area

Other Storage (please circle if requested):

Trailer: \$20

Additional Stall: \$110

Additional Tack Locker: \$15

Additional Hay or Bedding Storage: \$25

6) PAYMENTS - frequency options for the standard rental fees are (please circle one):

Annually- \$1,320 per stall

Semi- Annually- \$660 per stall

Quarterly- \$330 per stall

Monthly- \$110 per stall

All payments are due on the 1st of the month.

If you opt to set up auto billing, we will need the last 4 digits on the card you would like to keep on file and the expiration date.

Once notified on the approval of the application the deposit of \$220 and a \$20 non-refundable quarantine fee is due.
After the required quarantine period the first monthly fees for the rented storage is due.

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THIS SPACE IS FOR ODR STAFF FOR THE REGISTRATION PROCESS

Quarantine/In-Processing:

Deposit of \$220, quarantine fee of \$20 and first monthly stall fee of \$110 per horse/stall has to be paid in order to complete this registration.

Patron must prepare the quarantine pen with bedding, water, and feed, and identification sign as described in SOP prior to delivery of the horse. Completed: Y / N

Quarantine start date: _____

After the 7 day minimum mandatory quarantine period an exam by an accredited veterinarian has to be executed and results provided to ODR, prior to relocating the horse to the stable.

Exam received, date: _____

Patron will need to clean and clear the quarantine pen after use. Completed: Y / N

Assigned Stall: _____ Tack Locker Number: _____

Hay Storage: _____ Bedding Storage: _____

Assigned Pasture: _____

Patron must prepare assigned stall with bedding, water, feed, and identification signs as described in SOP. Completed: Y / N

The sick pen may be available for one week for temporary adjustment time. Within that week the new patron must communicate with existing patrons to discuss and identify the best fit pasture.

Completed: Y / N

Application and all required documents received and filed for record. Completed Y / N

Staff Initials: _____ Date: _____