

Rocky River Riding, Inc.  
19901 Puritas Avenue  
Cleveland, OH 44135  
216-267-2525



*Valley Riding Inc.*

[valleyriding@sbcglobal.net](mailto:valleyriding@sbcglobal.net)  
[www.valleyriding.org](http://www.valleyriding.org)

**PROSPECTIVE BOARDER QUESTIONNAIRE**

DATE: \_\_\_\_\_

VALLEY RIDING, INC. IS PRIMARILY A TEACHING FACILITY, PROVIDING INSTRUCTION TO STUDENTS AT ALL LEVELS OF RIDING, BOTH ABLE-BODIED, AND MENTALLY AND PHYSICALLY CHALLENGED. THE SAFETY OF STUDENTS, BOARDERS AND HORSES IS OF UTMOST CONCERN BECAUSE OF THE URBAN LOCATION, ROCKY RIVER STABLES EXPERIENCES CONSIDERABLE TRAFFIC AND CONTACT WITH THE PUBLIC, ESPECIALLY WHEN THE WEATHER IS GOOD. IF YOU OR YOUR HORSE ARE TROUBLED BY NOISE, ACTIVITY, CHILDREN, ETC. ROCKY RIVER STABLES MAY NOT BE A SUITABLE CHOICE FOR YOU.

Valley Riding, Inc. requires proof of liability insurance to board. You may be covered by your homeowner's policy-if not, your horse can be added at nominal cost. A negative Coggins test, dated within the past year, is also required. Please note that outside trainers are not permitted.

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

WHERE DO YOU BOARD NOW? \_\_\_\_\_

BARN MANAGER/OWNER NAME \_\_\_\_\_

HOW LONG HAVE YOU BEEN THERE? \_\_\_\_\_

HOW LONG HAVE YOU OWNED YOUR HORSE? \_\_\_\_\_

WHAT WAS YOUR HORSE TRAINED FOR? (such as dressage, western pleasure, saddle seat, etc.) \_\_\_\_\_

YOU TAKEN RIDING LESSONS? \_\_\_\_\_

IF YES, FOR HOW MANY YEARS? \_\_\_\_\_

WHO WAS YOUR TRAINER? \_\_\_\_\_

HAVE YOU SHOWN? \_\_\_\_\_

IS YOUR HORSE ACCUSTOMED TO BEING TURNED OUT REGULARLY? \_\_\_\_\_

IS YOUR HORSE SAFE IN THE COMPANY OF OTHER HORSES IN AN INDOOR ARENA? \_\_\_\_\_

DOES HORSE HAVE ANY STABLE VICIES? (such as cribbing, stall walking, kicking, biting) \_\_\_\_\_

DOES HORSE CROSS TIE ? \_\_\_\_\_

DO YOU CONSIDER YOURSELF A KNOWLEDGEABLE HORSEPERSON? \_\_\_\_\_

PLEASE EXPLAIN \_\_\_\_\_

DO YOU PRIMARILY TRAIL RIDE OR RIDE IN THE RING? \_\_\_\_\_

DO YOU PLAN ON TAKING LESSONS HERE? \_\_\_\_\_

DATE OF LAST WORMING \_\_\_\_\_ DATE OF LAST SHOTS \_\_\_\_\_

WHAT SHOTS DO YOU GIVE? \_\_\_\_\_

ARE YOU THE SOLE CARETAKER? \_\_\_\_\_ IF NOT, NAME OTHER RESPONSIBLE

INDIVIDUALS \_\_\_\_\_

ARE YOU PLANNING TO TAKE CARE OF YOUR HORSE ON A DAILY BASIS? \_\_\_\_\_

IF NOT, HOW OFTEN DO YOU ANTICIPATE COMING TO THE

STABLE? \_\_\_\_\_

PLEASE LIST TWO HORSE-RELATED REFERENCES, OTHER THAN YOUR BARN MANAGER:

NAME \_\_\_\_\_ NAME \_\_\_\_\_

ADDR \_\_\_\_\_ ADDR \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

For office use only	Deposit Rec'd _____	Chk# _____
Negative Coggins	First month's board	Chk# _____
Proof of Liability _____		