

# EQUINE FACILITY INFORMATION

FACILITY NAME \_\_\_\_\_

OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

FACILITY PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

PAGER PHONE # \_\_\_\_\_

OTHER PHONE # \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

TYPE OF FACILITY (BOARDING, BREEDING, TRAINING, ETC)

\_\_\_\_\_

AVERAGE # OF EQUINE THAT COULD BE STALLED \_\_\_\_\_ PASTURED \_\_\_\_\_

BRIEFLY DESCRIBE FACILITY (STALLS, PASTURE, FENCING, ETC)

\_\_\_\_\_

\_\_\_\_\_

HEALTH REQUIREMENTS \_\_\_\_\_

RESTRICTIONS (IF ANY) \_\_\_\_\_

*By submitting this card to the Department of Agriculture, you agree to allow the department to make this information available to the public.*

\_\_\_\_\_

**Signature**