



PHONE: (805) 238-9641  
FAX: (805) 238-3430  
GATE HOUSE: (805) 227-6560

3945 HERITAGE ROAD  
LAKE NACIMIENTO  
PASO ROBLES, CA 93446

**EQUESTRIAN CENTER APPLICATION**

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Lot/Tract \_\_\_\_\_

Phone # \_\_\_\_\_ Circle One: Property Owner / Tenant

If Tenant, Property Owner Name \_\_\_\_\_

Full-time Ranch resident (other than spouse) to contact in case of emergency:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

**HORSE INFORMATION**

Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

Vet to call in an emergency Name \_\_\_\_\_ Phone # \_\_\_\_\_

Date received \_\_\_\_\_ Expected Stay \_\_\_\_\_ Shot Record \_\_\_\_\_

Special Instructions \_\_\_\_\_

Attach a dated, colored photo of the above named horse.

**For office use only**

\_\_\_\_\_ Agreement Signed

\_\_\_\_\_ Shot Record

\_\_\_\_\_ Fees Paid

\_\_\_\_\_ Wrangler Notified

\_\_\_\_\_ Insurance Certificate

\_\_\_\_\_ Front Gate Notified

\_\_\_\_\_ Picture

\_\_\_\_\_ Eq. Comm. Notified

\_\_\_\_\_ Deposit Paid  
Written Permission (Tenants Only)

Effective Date \_\_\_\_\_

Space # \_\_\_\_\_

Account # \_\_\_\_\_