

The O'Brien Family
926 E. 161st Street
Westfield, IN 46074



(317) 867-1959
CieloRanchLLC@gmail.com
www.CieloRanchLLC.com

New Client Application

Date: ___ / ___ / ___

CLIENT INFORMATION

Name: _____

Phone: _____ Email: _____

Years Involved with Horses: _____ Preferred Move in Date: ___ / ___ / ___

Referred By (if applicable): _____

PERSONAL GOALS, ETC.

Average hours per week at stable: _____

If possible, when do you *usually* frequent the stable? _____

Riding/Handling goals for you and your horse: _____

What is most important to *you* in a boarding stable? _____

HORSE INFORMATION

Name: _____ Age: _____ Sex: G M

Number of Years Owned: _____ Breed: _____

Discipline: _____

Current Location of Horse: _____

Current Trainer (if applicable): _____

HEALTH/FEEDING PROGRAM

Current Feed: _____

Current Supplements (if applicable): _____

Current Worming Schedule: _____

Current Vaccination Schedule: _____

Current Veterinarian: _____

Current Farrier: _____

TURNOUT/GENERAL INFO

Current Turnout Situation: _____

Any known health problems: _____

Please feel free to use the back of this sheet, or call us, with any further questions and we will do everything we can to answer them promptly. Thank you very much for your interest in Cielo Ranch. We look forward to speaking with you in the near future!

A Premier Equestrian Facility
Putting Equine Wellbeing at the Forefront—Always

Please email your completed application to cieloranchllc@gmail.com