Moraga Horsemen's Association Pasture Occupancy Application

Name:		Date:			
Address:					
Phone Numbers: Home _		Cell		Work	
Horse Name:	Age:	Br	eed:		
When did you join MHA/original membership date		-		_	
Why did you relinquish y	our members	hip?			
Please list all of the reaso	ns why you w	vant to k	eep your	horse in t	he MHA Pasture:
— How long have you owne	d your horse?	?Ho	w long h	ave you b	een riding horses?
What types of activities d	o you enjoy d	loing wit	h your ho	orse?	
Which of the following rices showing, dressage, horse camping,trailother (list) If you have previous exprovide more informate	endurance trials, rid xperience in a	e,pleaing parti	asure,	search/r	escue, education,
Please provide the follow years:	ing information	on for yo	our board	—— ing facilit	ies for the last five
NAME	PHONE #	STALL	PASTURE	PADDOCK	WHY LEFT

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riease describe how i	u was run and what your	responsibilities were at that facility:
Have you worked wi	th a trainer, or instructor i	n the last five years?
If "yes", please pro	ovide the following inform	ation:
NAME	PHONE #	ACTIVITIES
· -	•	rinary events? What happened? Wervent resolved? What did you do?
you with the horse at	the time? How was the e	vent resolved? What did you do?
you with the horse at	the time? How was the e	vent resolved? What did you do?
you with the horse at What is your present Vaccinations	schedule for the following	vent resolved? What did you do?
wou with the horse at What is your present Vaccinations Hoof Care	schedule for the following	vent resolved? What did you do?
What is your present Vaccinations Hoof Care Dental	schedule for the following	vent resolved? What did you do? g: Worming
what is your present Vaccinations Hoof Care Dental	schedule for the following	vent resolved? What did you do? g: Worming
What is your present Vaccinations Hoof Care Dental Other	schedule for the following	vent resolved? What did you do? g: Worming
What is your present Vaccinations Hoof Care Dental Other	schedule for the following	vent resolved? What did you do? g: Worming
What is your present Vaccinations Hoof Care Dental Other Please list the name a	schedule for the following	vent resolved? What did you do? g: Worming ur current veterinarian and hoof care
What is your present Vaccinations Hoof Care Dental Other Please list the name a specialist: Veterinarian:	schedule for the following	vent resolved? What did you do? g: Worming ur current veterinarian and hoof care
What is your present Vaccinations Hoof Care Dental Other Please list the name a specialist: Veterinarian: Hoof care specialis	schedule for the following and phone number for you	vent resolved? What did you do? g: Worming ur current veterinarian and hoof care

Does	your horse have any physical limitations?				
Do you have any special skills or education that might be beneficial to MHA/MJHA? Please list:					
Any a	dditional information or comments that might be helpful				
	we contact your veterinarian, hoof care specialist, boarding facilities, and/or er/instructor for records and references?				
Requi	rements to be an active member placed on the Pasture Waiting List:				
1.	Within not less than 6 months, and no more than 12 months, attend 4 general membership meetings, participate in 3 activities, and work 5 hours in the pasture.				
2.	The 5 required pasture work hours for all new pasture applicants will be with a mentor who is a representative of the pasture committee. The pasture manager will designate the mentor for each applicant; this mentor will continue to assist the new Pasture member when they are offered a space and introduce their horse into the pasture.				
3.	The application date will be the day the application is presented to the Vice President, <i>however</i> , a space may not be offered to the applicant until the active membership requirements (as detailed in #1 above) for the Pasture Waiting List have been met.				
with t	ighly recommended that all applicants make an effort to join in riding activities the club so that people and horses become better acquainted. If your horse is not ntly in a pasture, we suggest you try boarding in such a situation while you wait our spot. It will make the transition into the MHA pasture much easier.				
I HAVI	E READ AND UNDERSTAND THE MHA By-Laws MHA Pasture Guidelines MHA Facility Rules				
	MHA Pasture Occupancy Agreement				
SIGNA	TURE: DATE:				