



FAHEY FAMILY RANCH  
117 NORTH POWNAL ROAD,  
NORTH POWNAL, VT 05260  
(413) 884-4831  
DENISEFAHEY11@YAHOO.COM

## Apprentice Application

Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Do you have any health issues or take medication? If yes, please explain. \_\_\_\_\_

Will you be bringing your own horse?  yes  no If yes, please provide information on the next page.

Please describe your previous riding experience. \_\_\_\_\_

What do you expect to learn from this experience? \_\_\_\_\_

Do you have any interest in any specific training? \_\_\_\_\_

I, \_\_\_\_\_, understand that this is an unpaid apprenticeship position and I agree to also sign a waiver in order to participate in this program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide any additional information you feel is important: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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Name of Owner: \_\_\_\_\_

Name of horse: \_\_\_\_\_

Height: \_\_\_\_\_ hands. Color: \_\_\_\_\_ Markings: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of last negative coggins: \_\_\_\_\_ Deworming schedule: \_\_\_\_\_

## Vaccination Record

DISEASE	DATES OF PRIMARY IMMUNIZATION		BOOSTERS											
Encephalomyelitis														
Influenza														
Rhinopneumonitis														
Strangles														
PHF														
Rabies														
Tetanus														
West Nile														
EEE/WEE/VEE														
EPM														
Anthrax														

Please describe your horses level of training and discipline: \_\_\_\_\_

\_\_\_\_\_