

FORT KNOX BOARDING STABLE APPLICATION

*(502) 624-2314 *Fax: (502) 624-7524

Data Required by the Privacy Act of 1974

AUTHORITY: Title 10, USC, Section 3012

PRINCIPAL PURPOSE: To maintain records of individuals requesting and accepting stalls at the Fort Knox Boarding Stable.

ROUTINE USE: All information will be used for maintaining a record of individuals applying for rental of stalls at the Fort Knox Boarding Stable.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Non-compliance will result in inability to notify individuals of stall rental, and ineligible for stall rental at the Fort Knox Boarding Stable.

The following information is furnished for the Fort Knox Stable records: (Applicant is responsible for updating contact information).

Sponsor Name: _____ Rank: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Alt Phone: _____

Email: _____

Please check your category: Active Duty Reservist Retiree DOD Civilian

If Active duty when are you scheduled to arrive at Fort Knox? _____

Description of Horse(s):

Registered Name _____ Stable Name _____
Breed _____, Age _____ years, Height _____ hands
Registration No. _____ Markings, if any _____
Sex _____ Color _____

Registered Name _____ Stable Name _____
Breed _____, Age _____ years, Height _____ hands
Registration No. _____ Markings, if any _____
Sex _____ Color _____

Registered Name _____ Stable Name _____
Breed _____, Age _____ years, Height _____ hands
Registration No. _____ Markings, if any _____
Sex _____ Color _____

TO: DMWR-CRD, Outdoor Recreation Fort Knox, KY.

I hereby apply for a stall at the Fort Knox Boarding Stable. I understand that once I am notified that a stall is available, I will have 7 business days to give the DFMWR-CRD Outdoor Recreation Office my security deposit and complete the Boarding Agreement (\$100 for each horse) and make arrangements with the Fort Knox Boarding Stable Secretary for allocation of my stall, paddock, and tack room. Also, I will make arrangements with the Fort Knox Boarding Stable Veterinary Representative for moving my horse into quarantine, until released by the Fort Knox Veterinarian Treatment Facility to be moved from the quarantine to the barn area. I understand that I will be held responsible for any monthly fees associated with said Stable and agree to pay them in accordance with appropriate SOP and policies.

I understand that this is a self-care boarding stable and that I will be responsible for feeding, watering, cleaning and maintaining my horse and stall, tack room and paddock. I also understand that I will be required to do 4 hours of work call a month to assist in maintaining the facility and grounds.

Signature: _____ Date: _____

MWR-STABLE-2010

Outdoor Recreation
Bldg. 4244 Park Road
Fort Knox, KY 40121