



APPLICATION FORM

Thank you for your interest in the Equine Care Program! Below you will find the preliminary application form, which is part of your application package. The data collected here helps the assessor better plan for your facility visit,

All data collected through this form and any subsequent sections of the application form is strictly confidential and will not be shared to anyone but the assessor. Participation in this program is voluntary; you can withdraw, at any time during the application process, without penalty.

Facility Owner Name:

Facility Owner Contact (phone):

Facility Owner Contact (email):

Liaison Name: (if different from Owner, else put N/A)

Liaison Contact (phone):

Liaison Contact (email):

Facility Name:

Facility Address:

City:

Province:

Postal Code:

Total Number of Horses:

Horse List:

Stable Name	Type	Age	Facility or Client Owned



- Breeding
- Foaling
- Equine assisted services (e.g., therapy, therapeutic, educational)
- Riding lessons and/or camps
- Other, please list:

3. How many active employees do you have? (An employee is defined as anyone on the property who works at the facility in exchange for money or services rendered, e.g. lessons. Employees must have responsibilities related to the care and handling of the horses.)

4. What primary riding discipline is offered at your facility? Please select all that apply:

- Hunter or jumper
- Dressage
- Eventing
- Western (e.g., reining)
- Driving
- Vaulting
- Endurance
- Breed sports
- Other (please specify): _____
- Not applicable (e.g., pleasure riding, rehabilitation, etc.)

5. Do you currently hold any of the following memberships? Please select all that apply.

- Equestrian Canada Sport License
- Equestrian Canada Membership
- Member of your provincial or territorial equestrian sport organization (e.g. Ontario Equestrian)
- Member of another equine organization (please specify): _____
- I do not currently hold any of the above-mentioned memberships

6. If you are a member of any of the above organizations, please list your license number below: _____



Please indicate below if there is any other information you would like the assessor to know about your operations, facility, or horses.

Thank you for completing your application form! When you return to the ECampus dashboard, you will find the subsequent steps for completing your application package under “Certifications.”

If you have any questions, comments, or concerns, please contact the ECP team at equinecare@equestrian.ca