



MARITIME FARRIER SCHOOL

Please mail or fax your application to us. Please call ahead to fax.
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www.maritimefarrierschool.com

APPLICATION

SESSION APPLIED FOR: April June September

NAME: _____

AGE: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

LEVEL OF EDUCATION: _____

HEALTH ISSUES: _____

MEDICAL INSURANCE: _____

REFERENCES: (3 Work References with contact information): _____

Why do you wish to take this course? _____

EXPERIENCE WITH HORSES OR HOOF CARE: _____

PAST EMPLOYMENT DUTIES: _____

I understand that after a 2 week probationary period my record will be reviewed to determine suitability for further training.

Signature: _____

Date: _____