

# Farrier Program Application

Please complete application and return with a **\$50.00 (US Funds ONLY) non-refundable application fee**  
**to:** Farrier Courses  
College of Veterinary Medicine  
Cornell University  
Ithaca, New York 14853-6401  
USA

## Course Requested Session Requested

General Farrier Course (16 weeks) January

Advanced Farrier Course (1 week) April

September

*Please print or type*

Name: \_\_\_\_\_

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

City State Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

## Education and Training

Indicate school attended and date degree(s) received

Graduation Date: \_\_\_\_\_ School: \_\_\_\_\_ City and State: \_\_\_\_\_

High School: Associate's Degree Bachelor's Degree Advanced Degree

Previous Farrier Training: Yes No

Name of Mentor: \_\_\_\_\_

Other Applicable Training:



**Please submit attachments with application.**

- 1: Three written work-related letters of reference, provided by someone other than a relative, who has knowledge of your experience with horses.
- 2: On a separate sheet of paper, please indicate why you wish to take the course, detail your experience with horses, and outline the experience you have had related to equine foot care and the farrier trade. Please include information about your employment history (you may attach a resume).

**Tuition**

General Farrier Course tuition is \$7,500. A deposit of \$3,750 is required within two weeks of notification of acceptance. The remaining balance of \$3,750 is due prior to beginning course work.

Advanced Farrier Course tuition for this one-week course is \$500. Please *call* the course instructor, Steve Kraus, at (607) 253-3127 for further details.

**General Information**

Complete course descriptions and requirements can be found by visiting our website at [www.vet.cornell.edu/education/farrier/](http://www.vet.cornell.edu/education/farrier/)

*I understand that a personal interview with the instructor, either in person or by telephone, will be required for admission to the program. It is my responsibility to make arrangements for the interview.*

*I also understand that after a two-week probationary period, my student record will be reviewed to determine my suitability for further training.*

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Signature of Applicant

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Date

**Cornell University Hospital for Animals  
Farrier Application Fee Payment  
Credit Card Billing Form  
FAX – 607-253-4231 or Mail IN ONLY**

Name as it appears on card: \_\_\_\_\_

Visa / MasterCard / Discover – Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC Code # (On back): \_\_\_\_\_

Amount to be charged in US \$: **\$50**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date