

## BOARDING AGREEMENT

I understand all board must be paid monthly and in advance. Failure to comply with this or removal of horse without payment of any accrued balance owed shall constitute a breach of contract and an automatic lien on the animal and/or tack and equipment in favor of the stable owner.

This horse, to the best of my knowledge, has not been exposed to any contagious or infectious disease for two weeks prior to arrival. I hereby consent to any medical treatment deemed advisable in an emergency. My Vet is:

\_\_\_\_\_. Phone # \_\_\_\_\_. If you are not able to contact the above veterinarian, I consent to treatment by the stable management or stable veterinarian. I understand all charges thus incurred will be billed to me.

Every precaution is taken to protect the horse from illness, accident, fire and theft. The stable owner and/or management does not assume any responsibility for accident, illness, fire, or theft. It is highly recommended that the horse owner obtain their own insurance coverage for their animals and belongings. No insurance is provided by the stable owner.

Damage to the facility or equipment pertaining to the facility, by the horse, horse owner, or persons brought by the horse owner, beyond reasonably normal wear and tear shall be the financial responsibility of the horse owner determined by the cost of repair or replacement.

The monthly board will be \$\_\_\_\_\_ per horse, payable on or before the \_\_\_\_\_ day of each month. Board paid more than 10 days late will be charged a \$25 late fee. All Horses will be fed hay twice a day and grain or LMF in PM. Grain or concentrates in excess of 4 lbs. will be split into 2 feedings. Owner supplied supplements will be fed in PM as directed. Shavings will be supplied for stalls and stalls will be cleaned a minimum of 3 times a week. Board may be subject to change with one months notice. Other services may incur an extra charge. No refunds without 2 weeks notice.

I understand training, lessons, farrier services, veterinary services, vanning, sales, and any miscellaneous expenses are additional costs and are my responsibility to pay.

### Board per month, per horse:

Stall, shavings, and feeding only-----

Owner cleans stall & supplies feed...\$300\_\_\_\_\_

Add Hay (type).....\$140\_\_\_\_\_

Extra Hay (amount over 25 lbs.).....\$\_\_\_\_\_  
(\$35 per 5 – 7 lb flake, per month)

Add LMF Super Supplement.....\$35\_\_\_\_\_

Add Stall Cleaning.....\$75\_\_\_\_\_

Un-weaned foal 0 - 6 mos.....\$ 50\_\_\_\_\_  
(in addition to mare's board)

Foaling fee (one time only) .....\$100\_\_\_\_\_

\$25 discount per horse, per month,  
for 2 or more horses.....\$25(\_\_\_\_)

TOTAL PER MONTH-----\$\_\_\_\_\_

Horse(s) arrived on \_\_\_\_\_ (please fill out reverse side)

\_\_\_\_\_  
Horse Owners Signature

\_\_\_\_\_  
Owners Name (Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City ZIP

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Cell Phone #

# HORSE INFORMATION SHEET

Name \_\_\_\_\_ Reg # \_\_\_\_\_

Breed \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Color \_\_\_\_\_ Markings \_\_\_\_\_

Inoculations:

Tetanus.....Yes No Date \_\_\_\_\_

Flu-Vac.....Yes No Date \_\_\_\_\_

WEE/EEE.....Yes No Date \_\_\_\_\_

Rhinopneumonitis.....Yes No Date \_\_\_\_\_

Strangles.....Yes No Date \_\_\_\_\_

Potomac .....Yes No Date \_\_\_\_\_

West Nile Virus.....Yes No Date \_\_\_\_\_

Has horse been Coggins tested? \_\_\_\_\_ Results \_\_\_\_\_



Allergic sensitivities \_\_\_\_\_

\_\_\_\_\_

Most recent deworming date \_\_\_\_\_ Dewormer name \_\_\_\_\_

Previous feeding procedures (amount, grain type, type of hay, and number of daily feedings) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Unusual habits, personality traits, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Insurance Company & Contact Information: \_\_\_\_\_

Fair market value, \_\_\_\_\_

Horse owners signature \_\_\_\_\_ Date \_\_\_\_\_