

Silver Quarters

LOLA & ROBERT WHITFORD 13201 PERSONS RD. BOW, WA 98232

cell: (360) 202-6508 sqpaints.com email: sqpaints@frontier.com

BOARDING AGREEMENT with Silver Quarters, hereafter called stable:

I understand all board must be paid on arrival. 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 by the stable vet. If you are not able to contact a veterinarian, I consent to treatment by the stable management until a veterinarian can be reached. 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 do not assume any responsibility for illness, accident, fire, or theft. It is highly recommended that the horse owner obtains 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, agent or persons brought by the horse owner or agent, beyond reasonably normal wear and tear shall be the financial responsibility of the horse owner or agent determined by the cost of repair or replacement.

Fees are listed below and are payable before horse leaves. No feed will be supplied by stable unless prior arrangement is made. Owner supplied feed will be fed twice a day as directed. Other services may incur an extra charge. RV parking is available for single night stays. Bayview State Park is less than 2 miles from stable, reservations recommended, or there are hotels within approx. 6 miles.

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

FEES ARE PER ANIMAL

Overnight Fee: 1 to 3 nights, \$15_____

RV: \$20 a night with power....._____

4 – 29 nights: \$10 a day....._____

Stall Cleaning: \$2.50 a day.._____

Hay: \$5 a day....._____

LMF Super Supp: \$1 a day....._____

(please see animal and feed information on back)

Owners information:

Name:_____

Address:_____

Phone:_____

Email:_____

Number of animals_____

Owner/Agent: Name_____ Phone_____

Signature of Owner or Agent:_____

EMERGENCY CONTACT NUMBER:_____

TOTAL -----\$_____

Horse arriving on: _____ Departing on: _____

(Note: fees for stays from 4 to 29 days are charged by the day or any part of a day.

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 _____

PotomacYes _____ 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 _____