

Agreement for Equine Boarding

_____ (Stable Name)
_____ (Address)
_____ (City, State, Zip)
_____ (Phone)

This agreement is made and entered into by and between _____, (Boarder/Owner of Horse), hereinafter designated "Horse Owner", and _____, (Stable or Farm name) hereinafter designated as the "Farm". This agreement covers the horse(s) described as follows:

Horse #1
Name
Sex
Breed
Color
Age
Registration#
Horse #2
Name
Sex
Breed
Color
Age
Registration#

(Stable or Farm name) agrees that:

(1) It will provide horse(s) with a stall and run, and will feed (grain & hay), water, and care for each horse in a good and responsible manner. Hay, grain, feed supplements and medications are to be provided by the Horse Owner. In the event the Horse Owner fails to provide adequate feed for the horse(s) in the care of the Farm, the Farm will provide necessary feed at the cost to the Farm plus 25%. It is imperative that the Horse Owner keeps hay and grain stocked at the Farm. Continuous failure to do so will result in termination of this Board Agreement. The Horse Owner will be warned 2x, once verbally and once in writing, before termination of this agreement for lack of feed provision takes place.

(2) It will provide a space for tack and equipment and a lighted arena with suitable footing for year-round indoor riding. A Horse Owner's trailer may also be parked in designated areas. The Farm assumes no liability for tack, equipment, and horse trailers stored on the premises.

(3) Horse Owners will provide dewormers to their own horses on the Farm. Additional nutritional supplements and medications may be administered to horses when Horse Owners provide them.

(4) The boarding fee will not be raised without 30 days written notice.

The Horse Owner agrees that

(1) Boarding fee of \$ _____ per month per horse, for a total of \$ _____, which will be due on the first of each month. Checks should be made payable to " _____", " _____", or " _____". In the event of non-payment and after written notification to the Horse Owner, the Farm shall be entitled to a general lien against the boarded horse(s) for the boarding fees and shall be entitled to enforce said lien according to the laws of the state of Washington State. Horse(s) may not leave the premises while such a lien is in effect.

(2) Current negative "Coggins" test results for Equine Infectious Anemia are required for each horse before the horse arrives at the Farm.

(3) Horse Owner is responsible for hoof trimming and shoeing of own horse(s). If the horse's hooves become overgrown, the Farm may trim the horse's feet to prevent injury to horse(s). A farrier may be called to perform trimming, or shoe removal at the horse owner's expense.

(4) Horse Owners, and/or any one else the Horse Owner allows to ride their horse(s), has a signed "Waiver of Liability and Assumption of Risk" on file with the Farm.

(5) Horse Owners and their guests shall conduct themselves in a manner which respects the person and property of others, the safety of all persons and horses, and exercise good judgment in all activities undertaken at the Farm.

Horse Owner and _____ (Stable name) mutually agree that:

(1) Newly-arrived horse(s) shall be on probation for a period of 30 days in order to determine whether or not the horse(s) is/are compatible with the care arrangements at the Farm. As soon as such a determination has been made, the Horse Owner will be notified. If the horse(s) is/are to be removed, the Farm and Horse Owner will arrange for such action as soon as possible.

(2) In the event the horse(s) shall require the services of a veterinarian, the Farm will immediately contact the Horse Owner. In the event the Horse Owner cannot be reached in an emergency, the Farm is hereby authorized, as the agent for the Horse Owner,

(a) to call the veterinarian of the Horse Owner's choice (see Emergency Care section below), and should that vet be unavailable,

(b) to call any other licensed vet of the Farm's choice. All fees charged by the responding vet shall be the sole and exclusive responsibility of the Horse Owner, with no liability whatsoever on the part of the Farm. If the Horse Owner wishes to set limits on the type of emergency care that can be administered, it is the Horse Owner's responsibility to inform the Farm in writing of such wishes and limits in the Limitations section of Emergency Care (below).

(3) The Farm and/or the Horse Owner, each has the right to cancel this agreement with 30 days written notice to the other party. In the event of such a cancellation, removal of horse(s) will be mutually arranged and agreed upon as soon as possible.

(4) This document and the "Waiver of Liability and Assumption of Risk" constitute the entire agreement between the undersigned parties and no oral representations or agreements supersede the terms specified in this written agreement.

In the event of an emergency, if the Horse Owner cannot be contacted, the Farm is authorized to contact the following veterinarians selected by the Horse Owner:

First Choice _____

Second Choice _____

Third Choice _____

If none of the above listed veterinarians is available, the Farm, acting as an agent of the Horse Owner, is authorized to contact an alternate veterinarian.

Limitations to Emergency Care

In the event of an emergency where I cannot be reached, I, the undersigned Horse Owner would like to impose the following guidelines (limits, if any, to type and cost of care and emergency procedures):

- (1) Do everything possible to save the life of the horse, no matter what the cost or time involved. Yes No
Comment:
- (2) Do everything possible to administer aid to the horse, e.g., broken leg, but immediate loss of life not eminent. Yes No
Comment:
- (3) Leave the choice to the attending vet as to whether it is feasible to use drastic care measures or euthanize the horse. Please indicate if you wish a second opinion. Yes No
Comment:
- (4) Is there a dollar (\$) limit that you do not wish to exceed in emergency care? Yes No
e.g., the vet states that leg is broken and may be saved, or that the horse has colic and may be saved surgery at the farm or hospital, but the initial cost will be \$_____ and continued care cost is unknown. Remember that even if there are complications during emergency care and costs exceed this amount, you are responsible as the Horse Owner. Amount \$_____
Comment:
- (5) If the horse needs to be transported to a veterinary hospital, who do we contact to move the horse?
- (6) Is the horse covered by insurance? If so, what is the name of the company and the telephone contact number for the company?
- (7) Additional Guidelines and Comments:

Signatures & Contact Information:

Boarder Name _____

Address _____

Telephones _____ (home) _____ (work)
_____ (cellular) _____ (other)

Email _____

Boarder Signature _____

_____ date

Stable Owner Signature _____

_____ date

YOUR FARM NAME AND YOUR ADDRESS HERE OR USE YOUR GIVEN NAME

I, the undersigned, wish to ride and handle horses. I understand that riding and handling horses involves accepting certain risks. Those risks include, but are not limited to, the risk of injury resulting from falling from a horse, being stepped on or kicked by a horse, from a horse running into fences, trees, or buildings, and injuries resulting from tripping or falling over obstacles in the riding areas. In addition, I understand that the injuries sustained from riding and handling horses could be serious or could even result in death.

Despite this and other risks, and fully understanding such risks, I wish to ride and handle horses. I hereby assume all the risks of riding and handling horses. I also hereby hold harmless the horse owner, if not my own horse, and the owners of _____ (Stable or Farm name), and agree to defend them against any claims or actions resulting from my riding and handling horses, including all expenses and attorney fees. I hereby release _____ (Stable or Farm name), owners, and other horse owners with animals stabled there from any and all liability, and I understand that this release shall be binding upon my estate and all my representatives.

I further acknowledge and understand that any horse activity, including, but not limited to, feeding, grooming, handling, even being in close proximity to horses, carries a certain amount of risk. I fully accept this risk for myself and any guests with me. I release _____ (Stable or Farm name), its owners, and/or other horse owners with animals stabled there from any and all liability for any injury or death that may occur from such horse activities while on the premises and indemnify and hold _____ (Stable or Farm name), its owners, and/or other horse owners with animals stabled there harmless against any such liabilities, such indemnification to include attorney fees.

I hereby certify to _____ (Stable or Farm name), its owners, and other horse owners with animals stabled there that I am in good health and do not suffer from any physical limitation that could be aggravated by riding or handling horses.

This release applies to the owners of horses on the premises of _____ (Stable or Farm name), to the owners of _____ (Stable or Farm name), to owners of any equipment on the premises of _____ (Stable or Farm name), and to any of their heirs, successors, and assignees.

I agree to ask the owners of _____ (Stable or Farm name) for clarification of any rule or safety procedures, for further instruction as regards anything that I do not understand about the equipment and the animals, or as regards anything else that may affect the safety of, or riding of, or handling of, horses on the premises. I also acknowledge that the owners of _____ (Stable or Farm name) strongly recommend the use of relevant equine safety gear, such as helmets, but do not specifically require its use. As such, I accept full responsibility for any and all injuries whether or not I choose to accept this recommendation.

I have fully read this Waiver of Liability and Assumption of Risk carefully and understand that by signing below I am agreeing, on behalf of myself, my estate, my heirs, representatives and assigns not to sue _____ (Stable or Farm name), its owners, and/or horse owners with animals stabled

there, or to hold him/her/them liable for any injury, including death, from riding horses. I understand the terms of this waiver of liability and assumption of risk, and I intend to be fully bound by this agreement.

Warning

Under Washington law, an equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

By virtue of my signature, I acknowledge and agree to all terms and conditions set forth on this form and further acknowledge that I have carefully read this agreement and understand what I am signing.

Signature _____ Date _____

Date of birth (if < 18 years of age) _____

Parent(s) or Guardian of Minor Applicant:

As the parent(s) or Guardian of the applicant, We/I hereby certify that this applicant (child) is less than 18 years of age. We are/I am aware of the risks incurred in riding horses and the other horse activities described in the waiver and have discussed them with our/my child. We/I have discussed the rules and safety procedures with our/my child and are/am satisfied that s/he understands them. We/I understand that by signing below we are/I am agreeing, along with our/my child, on behalf of ourselves/myself, our/my representatives and assigns, not to sue _____ (Stable or Farm name), its owners, or other horse owners with animals stabled there, or to hold him/her/them liable for any injury, including death, that results from our/my child riding horses or from any other horse activity. We/I understand the terms of this Waiver of Liability and Assumption of Risk, and We/I intend to be fully bound by this agreement.

Signature(s) _____ Date _____

(Please print) Name(s)

Street Address _____ State _____ Zip _____

Telephones _____ (home) _____ (work)
_____ (cellular)