

# Boarding Agreement

Name and address of facility

This Equine Boarding Agreement is made this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
between \_\_\_\_\_ (referred to as "Stable") located at \_\_\_\_\_, and  
\_\_\_\_\_ (referred to as "Owner") residing at \_\_\_\_\_,  
owner of the horse(s) described in Section 2.

## 1. Fees

a) In consideration of \$\_\_\_\_\_ per horse per month paid by the Owner in advance on the first day of each month, the Stable agrees to board said horse beginning \_\_\_\_\_.

Stall  Pasture Board  
Daily Turn Out  Group  Individual  
Feed:  once a day  twice a day  
 Blankets/fly masks/fly spray  Exercising/Riding the horse  
Other as per following instructions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) Options to the basic fee paid in the same timely fashion are available as listed below. Each additional requested service must be checked off and initialled by the Owner. These options can be changed at any time the Stable receives written notice from the Owner. The fees are subject to change given \_\_\_\_\_ days written notice by the Stable. Prices for specialised feed requested by the owner may increase or decrease but is purchased and supplied to the horse at cost.

Basic Pasture Board : \$ \_\_\_\_\_  
Stall Board: \$ \_\_\_\_\_  
Farrier \$ \_\_\_\_\_  
Additional Feed \$ \_\_\_\_\_ Product: \_\_\_\_\_ lbs per day \_\_\_\_\_  
Additional Supplements \$ \_\_\_\_\_ Product: \_\_\_\_\_ Dosage per day \_\_\_\_\_  
  
Total: \_\_\_\_\_ per month  
Shoeing \$ \_\_\_\_\_ (Can be paid as needed)

**\* All inclusive boarding fees are arranged between the owner and the stable and are set forth in writing and included with this contract.**

**Equine Information**

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

**Age:** \_\_\_\_\_

**Color:** \_\_\_\_\_

**Sex:** \_\_\_\_\_

**Breed:** \_\_\_\_\_

**Height:** \_\_\_\_\_

**Registration / Tattoo #:** \_\_\_\_\_

**Medications Required:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Past Health Issues:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Symptoms or Signs noted prior to health issues occurring:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Vices:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If your veterinary is not located in the vicinity of \_\_\_\_\_ or is not available for emergency calls, \_\_\_\_\_ will be called to care for your horse. Under this agreement the owner agrees to pay for all bills incurred.**

**Please provide the name and telephone number of your veterinarian, in case the attending Dr. needs to discuss past health issues regarding your horse, to obtain a correct diagnoses.**

**Veterinarian:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Emergency Number:** \_\_\_\_\_

## Vaccinations

Please list the date your horse was last vaccinated: \_\_\_\_\_

When is your horse due to be vaccinated: \_\_\_\_\_

Please list the vaccines you would like your horse to receive:

Mandatory: Tetanus \_\_\_\_ Rabies \_\_\_\_ Influenza for non breeding mares

Others: \_\_\_\_\_  
\_\_\_\_\_

## Owner Contact Information:

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

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

E-mail: \_\_\_\_\_

I prefer to be contacted by \_\_\_\_\_ for general updates or questions.

I prefer to be contacted by \_\_\_\_\_ for emergency situations.

## 3. Turn Out

If no options are chosen, the Owner shall be expressly responsible for all exercise and it is understood that the horse \_\_\_\_\_ will, or \_\_\_\_\_ will not be turned out as indicated in Section 1. (a). The Owner understands that the Stable cannot be held responsible for any accidents or injuries caused to the horse(s) when turned out with other horses or individually in a paddock.

The Owner accepts full responsibility to keep the horse(s) blankets and halter in safe and good working condition with all repairs completed on a timely basis and at the expense of the Owner. If in the case that a halter is lost, the Owner will be notified and requested to provide a replacement halter immediately. If within three (3) days of notification, the Owner has not supplied the Stable with a replacement halter, a halter will be purchased by the Stable and subsequently charged to the Owner.

## 4. Standard of Care

All Care is provided by the Owner \_\_\_\_\_

Stable agrees to provide normal and reasonable care to maintain the health and well-being of said horse(s) as indicated in Section (a). \_\_\_\_\_

Optional Special Instructions:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

Regular Veterinarian and Farrier attention to be arranged by:

Owner \_\_\_\_ Stable \_\_\_\_

Any additional feed required such as supplements or vitamins are to be provided at the Owner's expense, unless the owner has chosen an all inclusive boarding package.

## 5. Rules and Regulations

The Owner agrees to abide by and conform to all rules and regulations as determined and posted from time to time by the Stable. The Owner accepts full responsibility for the safety of any of his/her visitors and/or riders they may bring onto the Stable premises, and shall ensure that all visitors abide by such rules and regulations. All riders under the age of 18 years, visiting or otherwise, must wear correct and proper headgear and footwear.

Children under the age of 18 may not be left on the premises without their legal guardian and may not ride without another individual being present.

## 6. Risk of Loss

While the horse is boarded at the Stable, the Stable shall not be liable for any sickness, disease, theft, death or injury suffered by the horse(s) or any other cause of action arising from or connecting to the boarding of this (these) horse(s). The Owner assumes all risks. All costs no matter how catastrophic, connected with boarding are borne by the Owner.

The horse(s) and all tack and equipment of the Owner and lodged on the Stable premises shall be at the sole risk of the Owner, who assumes all responsibility for the ensuring of the horse(s), tack and equipment owned by him/her, while on the Stable premises.

Is your horse(s) insured? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: Name of Insurance Company \_\_\_\_\_

Policy Number - \_\_\_\_\_

Emergency Phone Number of Insurance Broker / Company in the event of a possible claim - \_\_\_\_\_

## 7. Indemnity

The Owner agrees to carry personal liability insurance coverage on said horse(s).

## 8. Emergency Care

If medical treatment is needed, the Stable will attempt to contact the Owner, but in the event the Owner is not reached, the Stable has the authority to secure emergency veterinary and/or blacksmith care. The Owner is responsible to pay all costs relating to this care. The Stable is authorized as the Owner's agent to arrange billing to the Owner.

Emergency Contact if Owner Unavailable: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Night time Phone Number: \_\_\_\_\_

If at anytime the owner cannot be reached and the horse is in extreme pain or discomfort due to injury or illness, and the attending veterinarian recommends the horse be euthanized and will state this in a written report;

I would like the stable to proceed\_\_\_\_\_ not proceed\_\_\_\_\_ with the procedure.

I would like to pursue all medical procedures possible and am willing to pay all costs associated however understand that this may still result in the same outcome, or natural death of my horse\_\_\_\_\_

Signature of owner: \_\_\_\_\_ Date: \_\_\_\_\_

### **9. Shoeing and Care**

The Stable agrees to implement a farrier and worming program, consistent with recognized standards. Owner is obligated to pay the expenses of such services, including a reasonable stable charge. Such bill shall be paid within fifteen (15) days from the date of the bill is submitted to the Owner. \* Null and Void if the owner has chosen an inclusive boarding package.

### **10. Termination**

Either party may terminate this agreement, at anytime with 30 days notice to the stable or owner of the horse.

### **12. Notice**

The Owner agrees to give the Stable one (1) months written notice, on the first (1<sup>st</sup>) day of the month, of departure of the horse(s), or in lieu of the on (1) months written notice the Owner will be billed to that date of departure plus one (1) months boarding fees. The Owner must pay any and all outstanding charges in full before the horse(s) may leave the Stable. The Owner cannot assign this agreement unless the Stable agrees in writing.

The Stable reserves the right to notify Owner within seven (7) days of the horse(s) arrival if the horse(s), in the Stable's opinion, is (are) deemed dangerous or undesirable for a boarding facility and in such a case, the Owner is responsible for removing the horse(s) within seven (7) days and for all fees incurred during the horse(s) stay at the Stable. After all fees have been paid, the Agreement is concluded.

### **13. Right of Lien**

The Stable has the right of lien as set forth in the law of the Province of Ontario, under the Innkeepers Act for the amount due for board and additional agreed upon services and shall have the right, without process of law, to retain said horse(s) until the indebtedness is satisfactorily paid in full, or sell the said horse to recover their costs if the owner fails to pay monies owed to the stable following the regulations set forth in the Innkeepers Act and posted in the facility.

### **14. Agreement for Acceptance of Risk**

I request permission to participate in horseback riding and other activities at

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I fully understand that horseback riding, handling and grooming of horses and other stable activities are very dangerous.

I wish to participate in these activities knowing that they are dangerous.

I accept and assume all the risks of injury (including death) to me or my property.

I have read and understand the safety laws regarding helmets and appropriate footwear and understand that riders under the age of 18 must at all times wear an approved riding helmet at any and all times while riding.

I understand that if I am over 18 years old and choose not to wear a helmet, that I am fully responsible for any injuries and accidents.

I agree that while riding on or off the property of the stable that appropriate care should be taken at all times to ensure that the areas are clear of debris, prior to taking any actions that may cause injury to myself or my horse and to use caution at all times.

I agree and understand that at no time can the Stable be held responsible for any damages, illnesses, injuries, leading to medical care or death for either myself or my horse.

Signature of Boarder: \_\_\_\_\_ Date: \_\_\_\_\_

This agreement is subject to the laws of the Province of Ontario.

The parties have executed this agreement this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**STABLE:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

**OWNER:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone