

Trails End Farm

BOARDING CONTRACT & SECURITY AGREEMENT

NAME OF OWNER _____
DATE _____ NAME OF
HORSE _____
COLOR _____ AGE _____ SEX _____ OWNERS
ADDRESS _____

PHONE _____
(WORK) _____ (EMERGENCY) _____ Email

Boarding Fees

Full Stall Boarding

Non-Refundable Deposit to Hold a Stall \$50.00

Field Boarding

The horse owner agrees as follows with respect to described agreement:

Board Payments are due on the 1st of the month- late fee charged after the 5th of the month. If board payment is not paid by the 15th of the month- #17.proceeding will be started.

Initial _____

1. All horses will be kept on Trails End Farm vaccination schedule which includes: Flu and Rhino annually, and VEWT, Strangles, Rabies, and Potomac Horse Fever annually. Horse owner will provide Trails End Farm with current vaccination information and bring horse into compliance with Trails End Farm schedule at horse owner's expense.

Initial _____

2. Horse owner has signed and agrees to require each of his or her guests to sign a LIABILITY RELEASE (exhibit "A").

Initial _____

3. Horse owner has signed and agrees to abide by all rules of the stable and follow the Safety Protocol Agreement.

Initial_____

4. Horse owner has completed a HORSE HEALTH INFORMATION AND AUTHORIZATION FORM, and all veterinary information forms.

Initial_____

5. If the animal becomes ill or injured, the stable owner, or the stable owner's agent shall endeavor to notify horse owner for instructions. If horse owner cannot be informed or does not answer the notice or the horse's health requires immediate attention, horse owner authorizes stable, or the stable owner's agent to use his/her judgment connected with measures to be taken for the welfare and health of the horse at horse owners' expense. These measures include (but are not limited to) veterinary care, surgery, humane destruction, transportation, shoeing or purchase of special equipment.

Initial_____

6. The horse owner shall be personally liable for the cost of any care, such as (but not limited to) veterinary care for the horse and shall pay all charges promptly.

Initial_____

7. Horse owner resumes full responsibility for all equipment stored at the stable.

Initial_____

8. Horse owner hereby releases stable owner from any and all liability for any injury or damage to person or property, including any injury or damage to the horse itself, which may occur in or about the stable owner's premises or elsewhere. This release includes, but is not limited to, loss by theft, fire, running away, injury by another horse, death, or injury by or to any person or property.

Initial_____

9. Horse owner shall be solely responsible for maintaining insurance on horse including public liability, accidental injury, theft and equine mortality insurance. All risks, including but not limited to, sickness, disease, astray, theft, death and/or injury connected with training, boarding, handling and/ or transporting horse, are to be borne solely by horse owner.

Initial_____

10. Horse owner shall indemnify and hold harmless Trails End Farm, its owners, successors, assigns and their employees, independent contractors and agents.

Initial_____

11. The stable owner and agents shall not be liable for any damage which may occur from any cause growing out of or as a result of the boarding of said horse, including, but not limited to, loss by fire, theft, running away, death, injury to person or horse on or off property.

Initial_____

12. A 10% late charge will be added to any payments made after the tenth of the month. A \$35.00 fee will be charged for all checks returned by the bank.

Initial_____

13. Horse owner agrees to pay all bills incurred while at Trails End Farm, including but not limited to training, vet and shoeing expenses.

Initial_____

14. In the event of a boarder leasing his or her horse out, the boarder is still responsible for all board payments.

Initial_____

15. Horse owner agrees to pay all bills before the horse is removed from the premises. Stable owner may retain possession of horse until all bills are paid in full.

Initial_____

16. The stable owner is hereby granted a lien, pursuant to the provisions off PA Civil Code and of any successor statute of similar effect, for 1. All boarding charges; and 2. For all charges that may be incurred.

Initial_____

17. Stable owner may exercise their rights (15)fifteen days after written notice to the horse owner at the address set out above and may dispose of said horse for the unpaid charges at private or public sale: and the horse owner hereby waives all other legal notice. In the event sale does not secure a price sufficient

to pay all unpaid charges incurred in connection with the horse, as well as all legal expenses and other charges of enforcing said lien, the horse owner shall be liable to stable owner for the difference.

* Initial_____

18. Horse owner agrees to give stable thirty days' notice prior to moving horse permanently from premises, a 30-day minimum boarding fee will be charged for failure to give such notice. Should your horse become actively for sale, notify the barn in writing and other arrangements can be made. Trails End Farm only require 30 days' notice but we've also used 60 days

* Initial_____

19. Horse owner will notify stable in writing of any change of address or phone number and provide stable with appropriate emergency information should owner be out of town. (email address)

*Initial_____

20. In the event any one or combination of Trails End Farm its successors and assigns, engages the services of an attorney(s) to enforce the terms of this agreement, horse owner shall pay all costs and reasonable attorney's fees incurred by Trails End Farm, its successors or assigns, whether or not suit is brought.

Initial_____

21. This agreement is entered into in Chester County, PA. Chester County shall be the legal forum for any dispute connected with this document.

Initial_____

22. This agreement constitutes the entire Agreement between the parties and cannot be modified except in writing signed by both parties.

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands this day and year first above written.

HORSE OWNER

Name_____

Signature:_____

Trails End Farm Signature:_____

136 Horse Happy Road, Newmanstown, PA 17073 (mailing address)
717-813-2822

Trails End Farm

HORSE HEALTH RECORD / AUTHORIZATION

HORSE'S NAME _____

OWNER'S NAME _____

PREVIOUS VET NAME _____

PHONE _____

CURRENT VET NAME _____

PHONE _____

ANIMALS INSURED BY _____

POLICY# _____ PHONE NUMBER _____

DESCRIPTION OF HORSE: HT - ____ SEX - ____ PADDOCK ____ STALL ____
PASTURE _____

LAST SHOEING DATE _____ SPECIAL INSTRUCTIONS

LAST WORMING DATE ____ WORMED WITH _____

FECAL COUNT _____

LIST VACCINES GIVEN THIS PRESENT YEAR-SPRING AND FALL-.

DATE ____ VACCINES GIVEN _____ BY _____

DATE ____ VACCINES GIVEN _____ BY _____

DATE ____ VACCINES GIVEN _____ BY _____

DATE ____ VACCINES GIVEN _____ BY _____

DATE ____ VACCINES GIVEN _____ BY _____

HAS YOUR HORSE EVER HAD COLIC? _____ DATE _____

HAS YOUR HORSE EVER HAD COLIC SURGERY? _____ DATE _____

IF YOUR HORSE HAS HAD COLIC SURGERY WHERE WHAT HOSPITAL?

AUTHORIZATION FOR COLIC SURGERY

IN THE EVENT THE UNDERSIGNED CAN NOT BE CONTACTED WITH REASONABLE EFFORT. I/WE DO AUTHORIZE _____ DO NOT AUTHORIZE _____ SURGICAL CORRECTION OF AN INTESTINAL OBSTRUCTION (COLIC SURGERY). I/WE UNDERSTAND THAT THE COST OF COLIC SURGERY CAN RANGE FROM _____ TO _____

(Put your own amounts here based on your vets prices & show your vet this form to be sure they feel comfortable with it. Some vets have their own forms to replace this one)

IN MOST INSTANCES. I UNDERSTAND THAT AFTER SUCH A SURGERY THE HORSE WILL NOT BE ABLE TO BE RIDDEN FOR ABOUT FOUR MONTHS.

NAME(print) _____ SIGNED _____

DATE _____

*PLEASE LIST ANY OTHER VET CARE PAST AND PRESENT THAT YOU WISH US TO BE AWARE OF

TRAILS END FARM

136 HORSE HAPPY ROAD, NEWMANSTOWN, PA 17073

717-813-2822 — CLISKEY81@HOTMAIL.COM

Release of Liability

Please carefully read and initial each paragraph as you approve and agree to the statement-

I _____, am fully aware and fully understand that all horses are unpredictable and dangerous. I realize that placing my children, or myself in a stables environment is creating a hazardous situation.

Initial_____ I understand that riding horses or ponies is a dangerous sport. I am aware that riders must expect to be injured from time to time. I understand that death of people from equestrian accidents is possible.

Initial_____ I realize that professional instruction cannot prevent serious injury or death from working around, handling, or riding horses and ponies.

Initial_____ I understand that jumping horses or ponies is a particularly dangerous activity and that serious injury or death of riders or horses is possible.

Initial_____ I am aware that serious injury or death of my mount is possible when it is handled, trained, or in a lesson.

Initial_____ I release Trails End Farm its owners, trainers, and employees from all liability for damage to my property, injuries or death of my children, my animals, or myself.

Initial_____ Trails End Farm, its owners, employees, and associates, have my permission to initiate emergency first aid treatment for my children, my animals, and myself in case of an accident. They also have my permission to authorize emergency medical treatment by qualified medical personnel for my children or myself, and veterinary treatment by qualified veterinary personnel for my animals.

Initial_____ I understand that I am fully responsible for any guests that you may have on the property. I understand that I am fully responsible for fully informing the guest of all risks related to the handling or riding of horses. I understand that I am fully responsible for informing guests about horse's temperament, training, habits, and for determining that the guest is sufficiently experienced to ride the horse.

Initial_____ I have carefully read each paragraph listed above and understand its contents.

Name (print)_____ **Children Names**_____

Signature _____ Dated _____

Street Address _____ City _____ ST _____

Zip _____ Phones (H) _____ (M) _____

Emergency Contact Person _____ Phone _____

Witness Name (print) _____

Witness Signature _____ Dated _____

Trails End Farm

Boarder Name _____

Address _____

Cell Phone _____ Email _____

1. Horse Name _____

Supplements _____

Medical _____

Meds _____

2. Horse Name _____

Supplements _____

Medical _____

Meds _____

3. Horse Name _____

Supplements _____

Trails End Farm

Barn Rules

Barn Hours

Monday – Saturday 8am to 8pm Sunday 9am- 6pm

Please respect the barn hours in reference to the property owners.

Alexis Liskey is the Manager of Trails End Farm All barn and horse related issues and questions will be addressed at the barn or by phone during business hours with me directly everyone should have my cell number or email address.

Email-Cliskey81@hotmail.com Cell Number 717-813-2822

Thank you in advance for your cooperation.

Drive Slowly! Children at Play and People walking with their horses!

All riders and guests must sign a liability release before handling or riding any horse. It is the rider's responsibility to ensure that all his/her guests have completely filled out and signed a release. USPC approved helmets with chin harness in place must be worn at all times while mounted.

No Smoking

Each person is responsible for cleaning up after themselves in the barn and their horses. Clean up manure immediately in the barn. Do not wait until after you ride. Please clean up the manure in the riding ring after you are done riding. Tie only to tie rails, cross ties, or inside paddocks or stalls. Please only use tie rails in proximity to your horses stabling.

It is expected that parent(s) will drop children off for their lessons, however it is not acceptable to leave children for more than two hours without prior arrangement with barn management. A person under the age of 18 may not ride unsupervised without a **trainer's** and/or **parents'** permission! A parent or barn management has to be on the property for a person to ride under the age of 18 years of age. Jumping is allowed only during instruction by either **trainers** or an authorized **assistants** for a client under the age of 18 years old.

Do not feed any horse but your own without horse(s) owner's permission. Do not allow your horse to "sniff noses" with other horses, as this can lead to injuries.

Please take reasonable care when turning out your horse. Try not to tear up the footing. Do not allow your horse to chew on the fence. Use only turnout areas.

Barn rules are made for safety for our clients and staff- please practice the rules. Barn Rules can be modified at any time.

I have carefully read the rules and agree to obey the rules as listed.

Minor Name _____ Date _____

Signed _____ Date _____
(Parent, if a minor)