



The
Four Winds

2504 N. Shields
Fort Collins, CO 80524

"Keeping Up With the Winds of Change"

EQUINE BOARDING AGREEMENT

This Equine Boarding Agreement (the "Agreement") is being entered into by The Four Winds of 2504 N Shields St, Fort Collins, Colorado, 80524 ("Stable")

and (Name) _____ of (Street address) _____,
(City) _____, (State) _____, (Zip code) _____ ("Boarder") as of _____, 20_____.

1. Term. The term of this agreement shall commence on the date set forth above, and shall renew automatically for successive periods thereafter unless canceled on 15 days written notice by either party.

2. Identification of Horse. Boarder's horse(s) to be housed by Stable ("Horse" or Horses):

a. _____ (registered name)
_____ (barn name)
_____ (breed)
_____ (sex)
_____ (age)

b. _____ (registered name)
_____ (barn name)
_____ (breed)
_____ (sex)

c. _____ (age)
_____ (registered name)
_____ (barn name)
_____ (breed)
_____ (sex)

d. _____ (age)
_____ (registered name)
_____ (barn name)
_____ (breed)
_____ (sex)

3. Boarder's Contact Information.

(Name) _____, (Street address) _____,
(City) _____, (State) _____, (Zip code) _____,
(Office phone) _____, (Cell phone) _____,
(Home phone) _____, (Fax) _____,
(E-mail) _____, (Sex) _____, (Age) _____,
(Level of experience with horses in general) _____

(Level of experience with this Horse) _____

_____.

4. Ownership of/Authority over Horse.

- a. Boarder represents and warrants that they are the owner of record of Horse, or that they have express authority of the owner of record to enter into this Agreement and to house Horse with Stable. If Boarder is not the owner of record of Horse, Boarder nonetheless agrees to be fully bound by the terms of this agreement, and liable for all sums hereunder.
- b. **Identification of Owner of Record if Different Than Boarder.** If Boarder is not the owner of record of Horse, the owner of record is:

(Name) _____,
(Street address) _____,
(City) _____, (State) _____, (Zip code) _____,
(Office phone) _____, (Cell phone) _____,
(Home phone) _____, (E-mail) _____.

5. Boarding Fee. Board is due on the 7th day of each month. Payment received after the 7th of the month will be subject to a \$ 25 late fee, plus \$ 5 in late fees for each additional day thereafter on which Board plus accrued late fees remain unpaid. There will be a \$ 40 charge for returned checks. Payments shall first be credited to accrued late fees and returned-check charges.

6. Stable's Services.

- a. Stable agrees to provide a covered area for Horse which will be mucked once daily.
- b. Turn outs are provided for Boarder's use. It is the owner's responsibility to provide Horse with turn-out time to not exceed two hours unless in designated areas. Please contact the head trainer for rates if you wish this to be cared for.
- c. Horse will be given hay twice daily. Any and all other supplements or feeds are responsibility of Boarder to provide, but will be fed by Stable if requested.
- d. Stable shall have the right to use reasonable and customary restraints and training implements to move Horse should they be necessary if, for example, horse refuses to move or becomes a danger to itself or others. Further, if Horse becomes a danger to itself or others, Stable need not muck horse's stall.
- e. If blanketing is necessary, this is a separate program at which the Boarder can contact the head trainer.

7. **Horse's Physical Condition/Special Care.** Except as specified in this section, to Boarder's knowledge, Horse is currently sound, disease-free, and in good condition, and not in need of any special care.

Exceptions: _____

8. **Horse's Behavior.**

Boarder states that the Horse exhibits the following behavioral traits:

9. **Hours of Visitation/Access to Horse.** Boarder, their veterinarian, farrier, and designated guests shall have access to Stable and Horse at all times.

10. **Veterinary Care.**

a. Boarder agrees and understands that it is Boarder's responsibility to provide Horse with proper veterinary care and veterinary services. Boarder understands that if Boarder's horse is or appears sick or injured, Stable will first try to contact Boarder. If Boarder is unavailable, or Horse has an emergency, Boarder gives Stable permission to call Boarder's veterinarian, identified as Dr. _____, with _____ (Clinic), at phone numbers (Office) _____, (Cell) _____, (Home) _____, and (E-mail) _____. If Boarder's veterinarian is unavailable, Boarder authorizes Stable to call its veterinarian, and that Boarder will be fully responsible for all veterinarian charges so incurred.

b. Boarder also agrees that Boarder will keep Horse current on all customary worming and vaccinations, including but not limited to West Nile, Lyme disease, _____, and any and all other worming or vaccinations as may be prevailing or customary in Stable's locale.

11. **Farrier Care.** Boarder agrees and understands that it is Boarder's responsibility to provide Horse with proper hoof care and farrier services. Boarder's farrier is:
(Name) _____, at phone numbers (Office) _____,
(Cell) _____, (Home) _____, and (E-mail) _____.
Boarder's farrier shall have access to Stable and Horse at all times.

12. **Prohibited Activities.** Neither Boarder nor their guests or agents shall feed, turn-out, walk, work, ride, saddle, injure, whip, harass, or otherwise use or interact with any other horse at Stable without permission of Stable or that horse's owner.

13. **Authorized Users.** Stable has discretion when and under what circumstances to allow Boarder's designated Users to have access to Horse and Stable's facilities. Boarder's designated users are:

a. (Name) _____,
(Street address) _____,
(City) _____, (State) _____, (Zip code) _____,
(Office phone) _____, (Cell phone) _____,
(Home phone) _____, (E-mail) _____,
(Sex) _____, (Age) _____, (Level of experience with horses in general) _____

(Level of experience with this Horse) _____

(Relationship to Boarder) _____

b. (Name) _____,
(Street address) _____,
(City) _____, (State) _____, (Zip code) _____,
(Office phone) _____, (Cell phone) _____,
(Home phone) _____, (E-mail) _____,
(Sex) _____, (Age) _____, (Level of experience with horses in general) _____

(Level of experience with this Horse) _____

(Relationship to Boarder) _____

c. (Name) _____,
(Street address) _____,
(City) _____, (State) _____, (Zip code) _____,
(Office phone) _____, (Cell phone) _____,
(Home phone) _____, (E-mail) _____,
(Sex) _____, (Age) _____, (Level of experience with horses in general) _____

(Level of experience with this Horse) _____

(Relationship to Boarder) _____

d. (Name) _____,
(Street address) _____,
(City) _____, (State) _____, (Zip code) _____,
(Office phone) _____, (Cell phone) _____,
(Home phone) _____, (E-mail) _____,
(Sex) _____, (Age) _____, (Level of experience with horses in general) _____

(Level of experience with this Horse) _____

(Relationship to Boarder) _____

