

SHALLOWBROOK EQUESTRIAN CENTER, INC.
247 HALL HILL RD.
SOMERS, CT. 06071
860-749-0749 Office
203-270-1910 Fax
www.shallowbrook.com

***WELCOME TO
SHALLOWBROOK
EQUESTRIAN CENTER, INC.***

We require the following completed documents on arrival:

_____ : ***NEGATIVE COGGINS***

_____ : ***SIGNED BOARDING AGREEMENT***

_____ : ***SIGNED HOLD-HARMLESS AGREEMENT***

_____ : ***HORSE INFORMATION FORM***

_____ : ***FIRST MONTHS BOARD***

_____ : ***EMERGENCY MEDICAL RELEASE FORM***

HORSE INFORMATION FORM

Horse's Name _____

Owner's Name _____

Home Phone _____

Work Phone _____ Hours _____ to _____

Cell Phone _____

Emergency Contact (If we can't reach you at any of the above numbers):

Name _____ Phone _____

Veterinarian _____

Phone _____

Farrier _____

Phone _____

Insured? Yes _____ No _____

Company _____

Phone _____ Policy # _____

FEEDING INSTRUCTIONS:

OTHER INSTRUCTIONS:

BOARDING AGREEMENT

This agreement is made on _____ 200_, between Shallowbrook Equestrian Center, Inc. (referred to as "Stables" located at 247 Hall Hill Rd. Somers, Ct.) 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 in full by owner.* The stable agrees to board said horse beginning _____ 200_.

(b).* If the board is not received by the 10th of the month, in full, a \$25.00 late fee will be incurred. Partial payment of board will not disqualify late charges.

2. TURNOUT

We strive for turn out each day, weather permitting.

3. STANDARD OF CARE

Stable agrees to provide normal and reasonable care to maintain the health and well being of said horse.

4. RISK OF LOSS

While the horse is boarded at Stable, 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 horse. All risks are assumed by the Owner. The Owner agrees to hold Stable harmless from any loss or injury to said horse(s). All costs, no matter how catastrophic, connected with boarding are borne by Owner.

5. INDEMNITY

Owner agrees to hold Stable harmless from any claim caused by said horse(s) and agrees to pay legal fees incurred by Stable in defense of a claim resulting in damage by said horse(s).

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6. HEALTH ISSUES:

EMERGENCY CARE/COLIC SURGERY

If medical treatment is needed, Stable will attempt to call Owner but, in the event Owner is not reached, Stable has the authority to secure emergency veterinary and/or blacksmith care. Owner is responsible to pay all costs relating to this care. Stable is authorized as Owners agent to arrange billing directly to the Owner. In the event of a surgical situation, colic surgery: YES NO (circle one). Owners Initials:_____

COGGINS TEST

Owner warrants that he/she owns the horse and will provide, prior to the time of delivery, proof of a negative Coggins Test.

RABIES VACCINATION / STRANGELS

Owner warrants that he/she owns the horse and will provide, prior to the time of delivery, proof of a recent (within the year) Rabies Vaccination. In addition, by signing below, you are stating to us that the prior location of your horse has been free of strangles for at least 6 weeks.

WORMING

Stable agrees to implement a worming program, consistent with recognized standards. Owner has a choice of several programs. Owner is obligated to pay the expense of such services, including a reasonable stable charge.

Program/stable charge will be billed monthly, and will be payable with board.

STABLE WORMING PROGRAM:_____

STRONGIDC_____

NO WORMING; OWNER ASSUMES RESPONSIBILITY_____

7. TERMINATION

Either party may terminate this agreement. In the event of a default, the wronged party has the right to recover attorney's fees and court costs, resulting from this failure of either party to meet a material term of this agreement.

8, NOTICE

Owner agrees to give Stable thirty (30) days written notice to terminate this agreement. The Owner cannot assign this agreement unless the stable agrees in writing.

9. ALL POSTED BARN RULES MUST BE OBSERVED.

10. RIGHT TO LIEN

Stable has the right of lien as set forth in the law of the State of Connecticut for the amount due for board and additional agreed upon services and shall have the right,

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without process of law, to retain said horse(s) until the indebtedness is satisfactorily paid in full.

THIS AGREEMENT IS SUBJECT TO THE LAWS OF THE STATE OF CT.

The parties have executed this agreement this _____ day of _____
200_.

STABLE

Signed by: _____

Print name: _____

OWNER

Signed by: _____

Print name: _____

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RELEASE AND HOLD HARMLESS AGREEMENT

The undersigned assumes the unavoidable risk inherent in all horse-related activities, including, but not limited to, bodily injury and physical harm to horse, rider, and spectator. In consideration, therefore, for the privilege of riding and/or working around horses at Shallowbrook Equestrian Center, Inc., located at 247 Hall Hill Rd. Somers, Ct., the Undersigned does hereby agree to hold harmless and indemnify Shallowbrook Equestrian Center, Inc. and their employees, and further release them from any liability or responsibility for accident, damage, injury or illness to the Undersigned or to any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises.

Signature _____

Print Name _____

Address _____

City, State, Zip _____

Telephone Number _____

Signature of Parent or Guardian _____

Please let us know where you heard about us:

Do you want to be on our mailing list?

Yes _____ No _____

Please give us your email address if you want to be in our email list

Shallowbrook Equestrian Center, Inc. Emergency Medical Release Form

Notice to All Riders and Parents/Guardians

To avoid any unnecessary delay we recommend that you fill out and sign this form.

Name: _____ Soc.Sec.#: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Person to Contact in Case of Emergency

Name: _____ Telephone: _____

Medical Insurance Company: _____ Policy #: _____

Member #: _____

Medical Information

Allergies: _____ Contact Lenses: _____

Medical Doctor: _____ Telephone: _____

Date of Last Tetanus Shot: _____

Other: _____ (use reverse if needed)

Notice to Parents and Guardians

In many situations, a minor child cannot receive emergency medical care without the authorization of a parent or guardian. If you are not going to be present personally at the farm during while your child is here, you should consider using this .

Release for an Adult Rider

If emergency medical care is required for myself and if I, or an accompanying spouse or relative, am not able to convey permission in a timely manner, then the under- signed authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

I have read this entire release and agree to it:

Signature: _____ Date: _____

Release for a Minor Rider

If emergency medical care is required for:

Child 's Name: _____

and if permission is not available in a timely manner, then the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

I have read this entire release and agree to it:

Signature: _____ Date: _____
(Parent or Guardian)