



SILVER BROOK STABLES

486 Fitch Hill Road, Uncasville, Connecticut 06382
860.303.1766

FULL RUN-IN BOARD CONTRACT

This horse boarding agreement is being entered into this _____ day of _____, in the year _____, by Silver Brook Stables LLC, hereinafter referred to as "STABLE", providing services as an independent contractor located at 486 Fitch Hill Road, Uncasville, Connecticut, and _____, hereinafter referred to as "OWNER", residing at _____
(OWNER'S address)

1. FEES, TERMS, AND LOCATION

A. In consideration of

_____ Full board with field and run-in lease (\$650.00 per horse per month)

paid by OWNER on or before the 1st day of each month, STABLE agrees to board the herein described horse on a month-to-month basis commencing _____, 20___. Partial months boarding shall be paid on a pro-rata basis based on the numbers of days boarded in a standard 30-day month.

B. Boarding fees paid after the 7th day of the month are subject to a \$35 late fee.

C. A fee of \$40 will be charged if a check is returned for insufficient funds.

D. In the event said payment is overdue by 30 days or more, STABLE shall be entitled to exert a lien against said horse, and the OWNER'S property upon the premises as more further described below, for any amounts due, and shall be entitled to enforce said lien and foreclose its interest against said horse and/or equipment for the amount due in accordance with the laws of the State of Connecticut.

E. Additional Expenses: OWNER is responsible for all additional costs, including but not limited to the cost of supplements, medicines, grains/pellets/concentrates or hay (other than the standard feed provided by STABLE), veterinary care (emergency and routine), hoof trimming/shoeing, teeth floating.

F. Monthly boarding / other fees are subject to change with a 30-day notice.

G. Either party may terminate board agreement with 30 days written notice, beginning on, and delivered by, the first calendar day of each month.

H. In the event that the OWNER'S horse shows signs of aggression or other dangerous behavior, STABLE can terminate this agreement with 2 weeks' written notice.

I. OWNER represents and warrants that they are the owner of the horse, or that they have express authority of the owner of the horse to enter into this agreement and to house the horse with STABLE. If the undersigned is not the owner of the horse, the undersigned nonetheless agrees to be fully bound by the terms of this agreement, and liable for all sums hereunder.

J. OWNER may lease horse to other parties; however, access to all land and facilities included in board price to OWNER is not transferable to more than two additional riders without a fee. This

limit is imposed by our insurance. All third party riders must gain permission from Silver Brook Stables, sign a separate Hold Harmless Agreement, Medical Consent Form, and pay any facility use fees (if applicable) before riding on the property.

K. The rate to hold a run-in spot is board rate less \$300.00.

2. DESCRIPTION OF HORSE TO BE BOARDED

Registered Name: _____

Note: Additional information included in Attachment 2: Horse & Owner Intake Form.

3. FEED, FACILITIES, AND SERVICES

STABLE agrees to provide the following, in addition to normal and reasonable care and handling to maintain the health and well-being of the horse. OWNER acknowledges OWNER has inspected the facilities and finds same in safe and proper condition.

A. Horse will be fed twice daily;

Winter (*assumes no nutrient requirements met on pasture*): 4 quarts of grain (at approx. 1.5 lbs per quart) (2 quarts per feeding), and 4 flakes of grass mix hay (5 lbs per flake) (2 flakes per feeding).

Summer (*assumes 1/3 nutrient requirements met on pasture*):

4 quarts of grain (at approx. 1.5 lbs per quart) (2 quarts per feeding), and 2.5 flakes of grass mix (5 lbs per flake) (1.25 lbs per feeding)

Note: (Feeding schedule based on a 1000 lb horse. If additional feed is required, please see additional services contract)

STABLE will administer supplements provided by OWNER at no extra charge. If Horse requires a special hay or grain other than what is normally provided by STABLE, it must be purchased at OWNER'S expense. Horse will always be provided with fresh clean water.

B. STABLE has 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 has the right to refuse to muck Horse's stall or provide turnout time.

C. Hours of visitation: OWNER, their veterinarian, farrier, visitors/guests, etc., have access to Horse and STABLE during the hours of 8 AM to 8 PM daily. OWNER must coordinate with the barn manager for visits outside of these times.

D. OWNER has unlimited use of outdoor arena, round pen, and trails during STABLE'S hours of operation.

4. RISK OF LOSS

During the time that the said horse is in the custody of STABLE, STABLE shall NOT be liable for any sickness, disease, theft, death, or injury which may be suffered by the horse. This includes, but is not limited to, any personal injury or disability the horse may receive while of STABLE'S premises. Owner fully understands and hereby acknowledges that STABLE does not carry any insurance on any horse(s) not owned by STABLE, including, but not limited to, such insurance for boarding or any other purposes, for which the horse is covered under any public liability, accidental injury, theft, or equine mortality insurance, and that all risks relating to

boarding of Horse, or for any other reason, for which the horse is in the possession of STABLE, are to be borne by OWNER.

5. HOLD HARMLESS

OWNER agrees to hold STABLE harmless from any claim resulting from damage or injury caused by said horse, OWNER or his/her guests and invitees, to anyone, including but not limited to legal fees and/or expenses incurred by STABLE in defense of such claims. OWNER agrees to disclose any and all hazardous or dangerous propensities of Horse(s) boarded with STABLE.

6. EMERGENCY CARE

STABLE agrees to attempt to contact OWNER should STABLE feel that medical treatment is needed for said horse; however, if STABLE is unable to contact OWNER in amount of time deemed reasonable by STABLE, STABLE is then authorized to secure emergency veterinary and farrier care as deemed necessary by STABLE for the health and well-being of said horse. All costs of such care incurred shall be paid by OWNER. OWNER agrees that STABLE is authorized, as OWNER'S agent, to arrange direct billing to OWNER.

OWNER agrees to notify STABLE of any and all changes of addresses, emergency telephone numbers, itineraries or other information reasonably necessary to contact OWNER in the event of an emergency. In the event OWNER departs for vacation or is otherwise unavailable, prior to departure OWNER shall notify STABLE as to what party is authorized to make decisions in the OWNER'S place with regard to the health, well-being, and/or medical treatment of the horse.

LIMITS OF CARE:

If STABLE is unable to contact OWNER and emergency veterinary/farrier care exceeds \$ _____, OWNER gives STABLE permission to discontinue care and/or euthanize horse if veterinarian recommends it. OWNER agrees that by leaving the limits of care section blank, STABLE shall not put a limit on emergency veterinary care for the horse. _____ (OWNER'S Initials)

If this section is left blank, STABLE shall assume there are no limits of care, and OWNER will be responsible for ALL veterinary/farrier expenses.

7. MEDICAL HISTORY

Before admittance to the stable, OWNER must provide proof of EWT/WNV/Flu/Rhino (6-way) (in the last 6 months), Rabies, Strangles (in the last year), and proof of negative Coggins.

8. DEWORMING AND SHOEING

OWNER agrees to provide the necessary shoeing of the horse as is reasonably necessary, at OWNER'S expense unless OWNER opts to use the STABLE'S provided service. OWNER agrees to have the horse dewormed and vaccinated on a regular schedule. Deworming treatment is provided free of charge by the STABLE. Any vaccines to be administered must be provided by the OWNER but will be administered by the STABLE free of charge in the morning and evening as required. STABLE does not administer injections at this time.

9. STABLE RULES AND REGULATIONS

OWNER agrees to abide by all the rules and regulations of the STABLE. OWNER agrees he/she

and his/her guests and invitees will be bound and abide by these rules and accepts responsibility for the conduct of his/her guests and invitees according to these rules. OWNER acknowledges the rules include but are not limited to:

STABLE Safety Rules

STABLE Hours of Operation

Notice of Required Release and Waiver for ALL riders

ASTM/SEI Certified Helmet must be worn by ALL riders when mounted

Statement of Applicable State Equine Liability Laws

Required Veterinary Care

STABLE may revise these rules from time to time, and OWNER agrees any revision shall have the same force and effect as current rules. Failure, as determined in STABLE'S sole discretion, of OWNER or OWNER'S guests and invitees to abide by STABLE rules may result in STABLE declaring OWNER in default hereunder and result in termination of this Agreement.

10. PROPERTY IN STORAGE ON STABLE'S PREMISES

OWNER may store certain tack and equipment on the premises of STABLE at no additional charge to OWNER. OWNER may store one trailer on the premises for an additional monthly charge (see additional services contract). However, STABLE shall not be responsible for the theft, loss, damage, or disappearance of any tack, equipment, or other property stored at STABLE, as same is stored at the OWNER'S risk. STABLE shall not be liable for the theft, loss, damage, or disappearance of any tack or equipment taken to horse shows or clinics. Upon termination of this agreement, OWNER must remove all tack and equipment from the STABLE within 7 days. OWNER agrees that any tack or equipment left at the STABLE after 7 days will become property of the STABLE and will not be returned.

11. PROHIBITED ACTIVITIES

OWNER, and OWNER'S guests and agents, agree to the following:

A.) They shall not feed, turn-out, walk, work, ride, saddle, injure, whip, harass, or otherwise use or interact in any way with any other horse at STABLE without permission of STABLE or that horse's owner.

B.) They will not smoke, drink alcohol, or use any illegal substances while on STABLE'S property.

C.) They will not mount any horse without an ASTM / SEI certified helmet. OWNER and guests will sign a liability waiver before handling or riding any horse.

12. ASSIGNMENT

This Agreement may not be assigned by OWNER without the express written consent of STABLE.

13. NOTICE OF TERMINATION

OWNER agrees that thirty (30) days' written notice, beginning on the first day of each month, shall be given to STABLE as to the termination of this Agreement. OWNER will be charged \$50.00 per day for every day horse is boarded beyond the termination day. STABLE agrees that thirty (30) days' written notice shall be given OWNER as to the termination of this Agreement. In the event that the OWNER'S horse shows signs of aggression or other dangerous behavior, STABLE can terminate this agreement with 2 weeks' written notice.

14. LIMITATION OF ACTIONS

Any action or claim brought by OWNER against STABLE for breach of this Contract or for loss due to negligence must be brought within one (1) year of the date such claim or loss occurs.

15. RATE CHANGES

The changes of any rates by the STABLE posted in a conspicuous or open place in STABLE'S office shall constitute notice of any and all rate changes or regulation changes as may be deemed appropriate by STABLE. STABLE must provide 30 days' notice to OWNER for rate changes.

16. RIGHT OF LIEN

OWNER is put on notice that STABLE has and may assert and exercise a right of lien, as provided for by the laws of the State of Connecticut, for any amount due for the board and keep of Horse and also for any storage or other charges due here under, and further agrees STABLE shall have the right, without process of law, to attach a lien to your horse after 30 days of non-payment or partial payment and STABLE can then sell Horse to recover its loss.

17. MEDIATION/ARBITRATION

In the event of any dispute or disagreement relating in any manner whatsoever to this Agreement, the parties agree and consent to engage in mediation in a good faith effort to resolve the dispute amicably before either party resorts to court action.

18. SPECIAL INSTRUCTIONS TO STABLE

This Agreement is subject to the laws of the State of Connecticut.

OWNER'S Name

OWNER'S Signature

Date

STABLE'S Signature

Date



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Attachment 1

AUTHORIZATION TO RELEASE MEDICAL RECORDS

I, _____ (owner name)

authorize _____ (veterinarian clinic name)

to release: ☐ patient's entire medical record

☐ patient's medical record from 1st day of board forward

Date: _____

at the sole expense of Silver Brook Stables. I understand that any records obtained by Silver Brook Stables will be used for the sole purpose of caring for the horse and will not, under any circumstances, be disclosed to any person or entity outside of Silver Brook Stables' staff. I also understand that this authorization will terminate following the horse's last day of board with Silver Brook Stables.

Patient Information: Name: _____

Case # (if applicable): _____

Owner Signature: _____ Date: _____



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Attachment 2

HORSE & OWNER INTAKE FORM

OWNER INFORMATION

- **Owner Name:** _____
- **Address:** _____

-
- **Primary Phone:** _____
 - **Secondary Phone:** _____
 - **Email:** _____
 - **Preferred Contact Method:** ☐ Call ☐ Text ☐ Email

EMERGENCY CONTACT (OTHER THAN OWNER)

-
- **Name:** _____
 - **Relationship:** _____
 - **Phone(s):** _____
 - **Authorized to make medical decisions?** ☐ Yes ☐ No

HORSE INFORMATION

- **Horse Name:** _____
 - **Barn Name:** _____
 - **Breed:** _____
 - **Age / DOB:** _____
 - **Color / Markings:** _____
 - **Sex:** ☐ Mare ☐ Gelding ☐ Stallion
 - **Height:** _____ hands
 - **Microchip / Tattoo (if applicable):** _____
 - **Registration # / Association:** _____
-

VETERINARY INFORMATION

- **Primary Veterinarian:** _____
- **Clinic Name:** _____
- **Phone:** _____
- **Email:** _____
- **After-Hours Emergency Vet:** _____
- **Vaccination History (dates):**
 - Rabies: _____
 - EEE/WEE: _____
 - West Nile: _____
 - Tetanus: _____
 - Influenza/Rhino: _____
 - Strangles (if applicable): _____
- **Coggins Date:** _____
- **Health Certificate (if required):** _____

FARRIER INFORMATION

- **Farrier Name:** _____
 - **Phone:** _____
 - **Schedule / Cycle:** _____
 - **Notes (shoes, pads, corrective work):** _____

-

DENTAL

- **Dentist Name:** _____
 - **Last Dental Date:** _____
 - **Sedation Requirements:** _____
-

FEED & NUTRITION PROGRAM

Hay

- Type: ☐ Timothy ☐ Orchard ☐ Alfalfa ☐ Mix
- Amount per day: _____

Grain / Concentrates

(Include brand, product name, and quantity)

1. _____ Quantity: _____
2. _____ Quantity: _____
3. _____ Quantity: _____

Supplements

(List ALL supplements and dosage)

Medications

(Name, dosage, frequency, and administering instructions)

Allergies / Dietary Restrictions

TURNOUT & DAILY CARE

- **Turnout:** ☐ Group ☐ Individual ☐ Paddock ☐ Grass ☐ Dry lot
- **Turnout Schedule:** _____
- **Special Rules:** ☐ No boots ☐ No halter ☐ Fly mask ☐ Grazing muzzle

Blanketing Instructions

- **Blanketing Preferences:** ☐ No blankets ☐ Light ☐ Medium ☐ Heavy
- **Temperature Guidelines:** _____
- **Special Notes:** _____

MEDICAL & BEHAVIORAL HISTORY

- **Past Injuries / Conditions:** _____

- **Current Conditions:** _____
- **Lameness History:** _____
- **Colic History:** ☐ None ☐ Mild ☐ Surgical (details): _____

- **Behavior Concerns:** ☐ Kicks ☐ Bites ☐ Difficult to catch

- **Other Notes:** _____
-

TRAINING & RIDING

- **Trainer Name:** _____
 - **Discipline:** _____
 - **Current Level:** _____
 - **Rider(s) authorized:** _____
-

INSURANCE (if applicable)

- **Carrier:** _____
 - **Policy Type:** ☐ Mortality ☐ Major Medical ☐ Surgical
 - **Policy Number:** _____
 - **Claims Contact:** _____
-

AUTHORIZED PERSONS

The following individuals are allowed to:

- ☐ Handle horse
- ☐ Ride horse
- ☐ Pick up or drop off horse
- ☐ Make medical decisions (if the owner cannot be reached)

Name: _____

Name: _____

Name: _____

Notes: _____

STABLE REQUIREMENTS

- **Copy of Coggins received:** ☐ Yes ☐ No
 - **Boarding contract signed:** ☐ Yes ☐ No
 - **Deposit received:** ☐ Yes ☐ No
 - **Liability waiver signed:** ☐ Yes ☐ No
-

ADDITIONAL NOTES

Owner's Signature: _____ Date: _____