



CANDLEWOOD EQUINE

BOARDER AGREEMENT

Name _____
Address _____
Telephone _____

PERSON DELIVERING THE HORSE: () Owner () Trainer () Hauler () Other _____
Name: _____ Telephone _____

HORSE:
Name: _____ Age: _____ Sex: _____ Breed: _____ Color: _____
Reason for Admission: _____
Is this horse insured? () Yes () No If Yes, Insurance Agency: _____
Mortality Insurance? _____ Surgical Insurance? _____ Policy # _____ Telephone _____
Amount horse is insured for: _____

In the unfortunate event that this animal requires serious medical attention or surgery (i.e., colic surgery, dystocia) and you are not able to be contacted, do you authorize treatment? () Yes () No If yes, what is the dollar amount that you do not wish to exceed? \$ _____

By filling in the above dollar amount, you are authorizing treatment for your horse for up to the amount that you have indicated. We will make very attempt to contact you prior to authorizing medical treatment.

PLEASE READ BELOW BEFORE SIGNING

PAYMENT POLICY/CONSENT

Payment in advance of \$ 1000.00 per month is required upon admittance. **Payment in full is required upon discharge** of your horse and may be made by cash, check, MasterCard, or Visa. There are NO exceptions, unless arrangements are made at the time of admission. Candlewood Equine, LLC reserves the right to refuse service when the owner's account is past due. The owner agrees to pay all reasonable attorney fees incurred by Candlewood Equine, LLC in attempting to collect any outstanding balance. The owner acknowledges the lien rights of Candlewood Equine, LLC to sell any horse at public auction for unpaid fees and charges according to the provisions of Connecticut General Statutes, Title 49, Ch. 847, Sec. 49-70.

ASSUMPTION OF RISK

I acknowledge that as with any equine activity there is an inherent risk of accidental injury or death to my horse or to others involved with the handling and management of horses. To the fullest extent permitted by law, I agree to assume the risk of injury to which my horse might suffer or damage to property which my horse may cause to occur or injury to others, while my horse is boarded and/or treated at Candlewood Equine, LLC; including my own negligent acts or omissions or those of others.

INDEMNIFICATION

Candlewood Equine, LLC and its employees, representatives and contractors recognize their duty of care and will endeavor to properly supervise, directly provide proper professional care and guard or warn against a dangerous condition, use, structure or activity for your horse while boarded and/or receiving treatment at our facility.

I hereby agree to hold harmless and indemnify Candlewood Equine, LLC and its employees, representatives and contractors from any damages arising from any and all suits, actions, legal or administrative proceedings, claims, demands, damages, liabilities, monetary loss, interest, attorney fees, costs and expenses whatsoever kind or nature that may arise from or associated with the horse, its medical or professional care, boarding or conduct while at Candlewood Equine, LLC.

I acknowledge that I have read and understand this Boarder Agreement and a copy has been provided to me. I further acknowledge that I have been provided the opportunity to ask questions to clarify any areas of concern that may relate to this Agreement, its limitations and my responsibilities.

*

Signature of Owner

Date

(Agent only if Power of Attorney provided or copy of agency agreement)

CREDIT CARD INFORMATION:

****All clients must provide a credit card number plus the authorization for the card to be kept on file to guarantee payment of services rendered over 30 days from date of service.**

Cardholder name as it appears on credit card: _____

VISA/MC/Discover/Amex Number: _____ Expiration _____

3 digit security code off the back of the card _____

I authorize the use of this credit card for veterinary services performed by Candlewood Equine, LLC. I also understand and agree that this authorization to pay any past due balance with my credit card remains in effect – until cancelled by me with 30 days written notice.

Date: _____ Signature: _____