

**Grandview Farms of Connecticut, L L C**

**280 South Road**

**Harwinton, Ct. 06791**

**HORSE BOARDING CONTRACT**

Owners name: \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Horse name \_\_\_\_\_ Reg. No \_\_\_\_\_

Value amount \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Brand \_\_\_\_\_

Markings \_\_\_\_\_

Last immunizations: Distemper \_\_\_\_\_ Tetnus \_\_\_\_\_ Virus Flu \_\_\_\_\_ Other \_\_\_\_\_

Special

Care: \_\_\_\_\_  
\_\_\_\_\_

**OWNER'S AGREEMENT**

I understand all board must be paid monthly and in advance. I hereby grant a lien to stable-owner for all unpaid charges as per the Ct. State Statue Animal Lien Law. The boarder will be responsible for all collections and attorney fees. This horse, to the best of my knowledge, has not been exposed to any contagious or infectious diseases for two weeks prior to boarding.

I hereby consent to any medical treatment deemed advisable in an emergency.

My veterinarian is \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

If you are not able to contact the above veterinarian, I consent to treatment by the stable management or stable veterinarian. I understand that ALL charges thus incurred will be billed to me.

Every precaution is taken to protect the horse from illness, accident, fire and theft. The stable owner, stable management and/or Grandview Farm shall not, while exercising reasonable care, be held responsible for accident, illness, fire or theft. In accordance with 52-557p of the Connecticut General Statutes, each person engaged in recreational activities shall assume the risk and legal responsibility for any injury to his/ her person or property arising out of hazards inherent in equestrian sports.

I understand training, lessons, shoeing, veterinarian services, vanning and any miscellaneous expenses are additional costs and will be billed accordingly.

**MONTHLY BOARD PAYMENTS**

The monthly board will be \$\_\_\_\_\_, payable on or before the first (1st) day of each month. You will have an additional ten (10) days after due date before a late fee will be accrued to your account. After the tenth (10th) date, a late fee of Twenty-Five (\$25.00) will be added to your account. Each additional day will be charged at the rate of One (1) percent per day. A thirty (30) day notice must be given upon your departure.

I acknowledge that I have read the above contract and fully understand the terms.

\_\_\_\_\_

Owners signature

The above horse will be barded in Box Stall..... Box stall with padlock..... Pasture.....Other.....

The following rations will be fed: Grain Hay Pellets

Horse arrived on \_\_\_\_\_

Date

\_\_\_\_\_

Managers signature