

**LETHBRIDGE THERAPEUTIC RIDING ASSOCIATION**  
**HORSE BOARD CONTRACT**

Owner's Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ e-mail \_\_\_\_\_ Business: \_\_\_\_\_  
Horse's Name \_\_\_\_\_ Reg. No. \_\_\_\_\_  
Breed \_\_\_\_\_ Description \_\_\_\_\_  
Sex \_\_\_\_\_ Age \_\_\_\_\_ Brands \_\_\_\_\_  
Immunization Record \_\_\_\_\_  
Special Instructions \_\_\_\_\_

**OWNER'S AGREEMENT**

I understand all board is due and payable monthly. The board will be \$ \_\_\_\_\_ payable on or before the \_\_\_\_\_ day of each month. Failure to comply or removal of my horse(s) without payment of any accrued balance owed shall constitute a breach of contract and a lien on my horse(s) in favour of the stable owner.

LTRA will not be responsible for any damage cost caused by any horse not owned by the riding center. Any damage to stalls or corrals or LTRA property caused by boarded horses or friends of boarded horses is the cost of the owner.

To the best of my knowledge, my horse(s) has not been exposed to any contagious or infectious disease for two weeks prior to boarding.

I will provide health papers from my veterinarian: pinnacle, a four-way and deworming. I agree that these shots were done two (2) weeks before coming to board at LTRA.

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

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

If my veterinarian cannot be contacted, I consent to treatment by the stable management or stable veterinarian.

I agree to vaccinate my horse(s) annually and deworm a minimum of twice per year. I understand that farrier, veterinarian, transport, and any other miscellaneous services are an additional cost and I agree to arrange for the necessary handling of my horse(s) to accommodate any necessary services accordingly.

Although every precaution is taken to protect my horse(s) from illness, accident, fire and theft, I agree that the stable owner and/or stable management do not assume any responsibility for accident, illness, fire or theft.

Personal belongings and tack is not covered by stable insurance and I assume all liability for any loss or damage of personal items, tack and other equipment stored at the facility.

There is parking available on site for a trailer. The trailer must be parked in the designated area.

Extra feed provided by the boarder must be separated into individual serving rations (baggies).

I have read all boarder information sheets and agree to the terms and conditions as stated.

I acknowledge I have been given copies of this contract, the release and waiver and the boarder information sheets.

I agree to comply with LTRA safety policies and to co-operate with LTRA supervisory staff. Failure to do so can result in the cancellation of this contract.

Horse(s) date & time of arrival \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

LTRA Farm Manager: \_\_\_\_\_ Date \_\_\_\_\_