



BOARDING AGREEMENT

Date: _____

Horse Owner: _____

Horse(s) Name: _____

Sex: MARE STALLION GELDING Breed: _____

Date of Birth (approximate year if exact not known): _____

Mailing Address:

Preferred Contact Phone: _____

Email: _____

Veterinarian: _____

Vet's Phone: _____

Estimated value of horse(s): _____

I, _____, hereby agree to enter into a boarding agreement with Spring Valley Horse Farm LLC, for the purpose of housing my horse(s) on their property. I agree to pay a monthly rate of \$ _____, payable in advance. This board contract is on a monthly basis, starting this (day of) _____, (month) _____, (year) _____ and ends when said horse is permanently removed from the property. Initial Here: _____

I understand that this boarding agreement is for the level of care agreed upon by client and facility. I do understand and agree that I shall make payment for the lease of said facilities on the 1st day of each month. If that said payment is not made within 5 days, a late fee of \$50.00 will be due and legal actions against the lessee may be taken. Spring Valley Horse Farm LLC has the right to place a lien on the horse(s) as set forth in the State of Virginia for the amount due. I also understand and agree that my possession of the horse(s) can only be re-obtained when I have paid in full to Spring Valley Horse Farm LLC the sum that is demanded by them for services rendered. I understand that failure to pay may result in termination of this agreement. All costs incurred collecting delinquent charges, attorney's fees and court costs shall be the responsibility of the owner of the horse(s).

Initial Here: _____

I understand that Spring Valley Horse Farm LLC Management will provide my horse 0 pounds of grain per day unless otherwise agreed upon and free choice access to high quality hay. I agree my horse will be turned out at the discretion of Spring Valley Horse Farm LLC Management. I agree to participate in the deworming program and vaccine protocol established by Spring Valley Horse Farm LLC Management.

Initial Here: _____

Amenities included in board: Access to facilities and grounds at Spring Valley Horse Farm LLC, including the trails and arena, etc. Amenities not included in board: stall rest (additional \$15/day; **full care stall board excluded**), additional medical supplies (bute, banamine, vet wrap, magic cushion, ichthemmol, etc. - **billed on a case by case basis**), handling for vet or farrier visits (additional \$10/occurrence; **full care board options excluded**). All prices are subject to change without notice.

I understand that any additional animals that I own which are brought on-property will be subject to this contract and I will be responsible for the cost of their care according to the agreements in this document, even if the animal is not listed above. Initial Here: _____

I understand and agree that if I intend to terminate my lease that I will give a minimum of 30 days notice to Spring Valley Horse Farm LLC of said termination date. I also understand and agree that if my horse(s) is (are) removed from the premises in the middle of the month that a full month's board is still owed and no refund will be made. I understand and agree that if my horse(s) is (are) removed for any length of time (for show purposes, training, breeding, etc.) that said lease is still in effect and that no refund shall be made for said time the horse(s) is (are) removed. I understand that Spring Valley Horse Farm LLC holds the right to terminate this agreement, for any reasons they see fit, and that I will be given 30 days notice to remove my horse(s) from their facility.

Initial Here: _____

I understand and agree that I will make payment to Spring Valley Horse Farm LLC for any damages done to their property, incurred by myself or by my horse(s), beyond reasonable wear and tear. Initial Here: _____

I do understand and agree that I will not hold the property owners responsible for any disease, illness, injury or death to my horse(s) or myself or to my friend(s), riding student(s), visitor(s), relative(s), or acquaintance(s) on the property incurred by water, electricity, snow, ice, hail, fire, building structure, building structure default, wind, act of carelessness, negligence, vandalism or misjudgment, or any other act of God. A current release of liability waiver will be provided to Spring Valley Horse Farm LLC for myself and any guests I may bring on the premises at any time for each year that I am boarding at this facility. Initial Here: _____

I understand that Spring Valley Horse Farm LLC shall not be liable for any injury to the horse(s) or damage to any property should the said horse(s) escape from the enclosure or while on the property. I understand that Spring Valley Horse Farm LLC may have horses, dogs, and livestock on the property, and understand that individuals and property owners of Spring Valley Horse Farm LLC shall not be held liable for any injury or damage to myself, my property or my horse(s). Initial Here: _____

I do hereby give permission to Spring Valley Horse Farm LLC to call the above, designated veterinarian if need arises. If no veterinarian is listed or is unable to be reached, Spring Valley Horse Farm LLC has the right to contact any other veterinarian as needed until adequate medical attention is secured. I also understand that I will be contacted, if possible, in the event that Spring Valley Horse Farm LLC feels that a veterinarian is necessary, due to accident, injury, disease or illness and I also understand that all services rendered by the veterinarian will be at my expense, and that an extra charge will be added to the board if extra attention or care is necessary for my horse(s).

Initial Here: _____

I understand and agree that I am responsible for the health and wellbeing of my horse(s), which includes, but is not limited to, keeping health care plan(s) current, and muzzling as needed. I understand that if I fail to provide the necessary and required care of my horse(s) that Spring Valley Horse Farm LLC has the right to terminate this boarding/leasing agreement and I will have no more than 30 days to remove my horse(s). I agree to provide health care documentation to Spring Valley Horse Farm LLC.

Initial Here: _____

I understand that I am not to bring in “outside” services or professionals, IE: instructors, trainers, exercise riders, without prior written permission of Spring Valley Horse Farm LLC management. Initial Here: _____

I understand that Spring Valley Horse Farm LLC has the right to isolate my horse if deemed necessary. I understand that I may request Special Accommodations for my horse. Spring Valley Horse Farm LLC reserves the right to charge for additional services. I understand that Spring Valley Horse Farm LLC holds the right to determine placement of my horse(s) on the property, as necessary, for herd and pasture management. I understand that my horse(s) will/may be in sacrifice areas and/or stalls if needed and that their grazing pastures will/may be rotated. I understand that these changes may affect the care of my horse(s). Initial Here: _____

I understand that Spring Valley Horse Farm LLC may hold events on the property and agree to abide by all event rules. I am aware that these events may affect the use of certain facilities on the property, IE: riding ring, round pen, etc. Initial Here: _____

I understand that equine professionals such as chiropractors, farriers, massage therapists, etc., do not do “billing” and require payment upon services being rendered. Spring Valley Horse Farm LLC will pay for your horse’s care if you have not arranged payment prior to services being rendered. There will be a \$10 fee per horse per occasion for this service. All prices are subject to change without notice.

Initial Here: _____

SHOTS – REQUIRED YEARLY
***strangles booster required every six months**

Coggins – Last: _____

Rabies – Last: _____

Eastern/Western Encephalitis & Tetanus – Last: _____

Flu/Rhino – Last: _____

West Nile Virus – Last: _____

Potomac Horse Fever – Last: _____

Strangles – Last: _____

Leptospirosis – Last: _____

Botulism – Last: _____

Medical Issues: _____

Current Feed Plan:

List Medications:

BARN RULES

1. The hours of operation are from 8am to 8pm. There will not be a staff member available outside of these hours. If you need assistance on the property outside of operational hours please notify Spring Valley Horse Farm LLC.
2. Children must be monitored at all times. Helmets are REQUIRED for riders under 18 years of age.
3. ALL GUESTS NEED TO SIGN WAIVERS - THIS INCLUDES ANY FRIENDS OR FAMILY, **EVEN IF THEY DO NOT RIDE.**
4. Please make sure that all activities are done with respect to horse behavior and the needs of those around you. I.E.: loud noises, running through the barn, etc.
5. Please make sure that you secure the chain latches and clips upon entry and exit of all fields.
6. Smoking is prohibited in the barn areas and enclosed spaces or within **100 FEET** of barn space. Use of drugs or alcohol is grounds for immediate banishment from the property. This is a family-oriented facility and we expect all clients to conduct themselves as such, both in person and on social media.
7. Please return what you use to where it belongs (i.e. – muck buckets, wheelbarrows, pitch forks).
8. If you are grooming, riding, or training a horse, clean up after yourself. If manure happens, please pick it up (in the ring, on the driveway, in the parking lot, etc).
9. Please do your best to keep the farm looking clean and orderly. Throw away all trash, put things back where they belong, and try to remember to take all belongings with you when you leave. We are not responsible for lost items!
10. Please do not leave mucking tools unattended (muck buckets, forks, rakes, wheelbarrows). This is a very easy way for a horse to get injured.
11. Dogs must be leashed at all times unless extremely well-behaved. Barking is not tolerated and owners must pick up waste and dispose of it properly.

I and any of my guests, invitees and agents do knowingly assume the inherent risks of farm activities and do assume all risks and do generally release Spring Valley Horse Farm LLC and/or any of their agents or employees from any liability of negligence or act of God which results in death, disease or injury to myself or my horse(s) while boarding, riding or taking lessons, or any other act while on or off the premises.

Initial Here: _____

I assume the risk of personal property loss and I have the option of the responsibility of providing insurance on my horse(s), my equipment, tack, property, trailer, in case of accident, theft or fire. I relieve any adjoining property owners from liability. In case of injury to my horse, the farm will make adequate effort to reach the owner, but if unable, the farm will have the authority to notify a qualified veterinarian. In case of severe injury and it is in the animal's best interest to be relieved of suffering and the owner cannot be reached, the farm will follow the veterinarian's instructions. Initial Here: _____

I am responsible for the actions of all my guests, invitees and agents and must have any riding guests sign an assumption of risk and release form prior to mounting any horse on the property and obtain the prior consent from management. Initial Here: _____

WAIVER AND INFORMED CONSENT NOTICE: Please read this document before signing. Signing this document affirms that you have read it and understand it in its entirety. Initial Here: _____

NOTICE OF INHERENT RISKS: Equines have the propensity to behave in ways that may result in injury, harm or death to persons on or around the equine; have unpredictable reactions to such things as sounds, sudden movement and unfamiliar objects, persons or other animals; are susceptible to certain hazards such as surface or subsurface conditions, collisions with other equines or objects; propensities include kicking, biting, stamping, stumbling, rearing, and others; tack equipment can fail resulting in falling or loss of control; and activities have the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant's ability. Equine activities are INHERENTLY DANGEROUS. Initial Here: _____

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ, AGREE, AND UNDERSTOOD THIS RELEASE AND I AGREE TO ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE. I HEREBY ASSUME ALL OF THE RISKS ASSOCIATED WITH FARMING AND EQUINE RELATED ACTIVITIES.

HORSE OWNER NAME (PLEASE PRINT):

[Redacted]

Signature:

Date:

HORSE OWNER

Signature:

Chad Simmons

Date:

SPRING VALLEY HORSE FARM LLC