



(Stonecroft Equine Ltd., GST#835006362-0001)

Boarding Agreement

Owner Name: _____

Street Address _____

City/Postal _____

Home Phone _____

Cell Phone _____

Email _____

OEF # (if applicable) _____

Veterinarian/ phone number: _____

Farrier / phone number: _____

Insurance & policy number _____

Board is due on the first day of the month _____ (initial)

A late fee of \$10/day will be charged if payment is received after the 3rd day of the month.

A \$50 returned check fee will apply.

Payment can be made by:

1. Cheque made out to Stonecroft Equine Ltd.” dropped in the office door slot. There are cloth envelopes marked with “Stonecroft” on the green counter if you don’t have an envelope.
2. E-transfer to info@stonecroftequine.net
3. Cash put into an envelope and dropped in the office door slot with a text message to me letting me know that it is there.

**Either party may terminate this agreement with 30 days written notice
on the month boundary. _____ (initial)**

Important Numbers

Nancy Dickerman 416-660-9775

Paisley Statten 289-338-7322

Jim Dickerman 416-305-4852

Barn Vet~ Dr. Matt Allossery 289-338-2068

Barn Farrier~ Scott Salverson 905-862-8090

Routine Care

A. Worming

New horses will be wormed upon arrival with Quest Plus or Eqvulan Gold at the expense of the Owner. **The cost of this is \$30 unless the product is supplied.** _____ (initial)

After that, the horse will follow the normal worming schedule of the Stable. Worming costs are included in your board.

One mandatory cost not included in your board is an annual fecal test to ensure that our worming procedures are sound. We will collect individual samples from each horse on the property. This service will be performed by the Barn Vet, Dr. Matt Allossery at the end of August at a cost of \$20.

_____ (initial)

B. Vaccines

All horses are vaccinated once per year. The required vaccines include: WestNile , Rabies, Tetnus Strangles, Eastern and Western encephalomyelitis, Rhino (EHV-1 and EHV-4), Influenza type A2. If using a different vet, all vaccinations must be given within 15 days of the Stable schedule and proof of vaccines must be provided.

Please note the requirement of the Strangles vaccine. _____ (initial)

If moving in, proof of vaccines must be provided.

C. Banamine

Stonecroft may administer Banamine at a cost of \$20/shot in the event of a medical emergency with vet or owner approval.

_____ (initial)

D. Provisions of Service

We provides the following services and supplies for Indoor Board. Anything above and beyond may involve extra costs and are to be discussed with Barn Mgmt.

- Hay and Grain according to needs of the horse to maintain good weight.
- 2x daily dispersal of supplements (provided by owner)
- Daily morning mucking, afternoon muck if horse is on stall rest.
- 2 blanket changes per day (one on + one off)
- 2 booting changes per day (one on + one off)
- Morning bandage/wrap removal.
- Holding for barn farrier on regular service days and annual shots by barn vet.
- We will bring in your horse for your farrier or vet if you use your own.
- Administration of wormer every 3 months.
- Small laundry service (no weighted turnouts).

We provide the following services and supplies for Outdoor board.

- Hay provided 7/24
- 2x graining daily in a herd shared environment (grain is shared in buckets hung on the fence).
- Administration of wormer every three months.
- Blanket changes needed due to weather.
- Holding for barn farrier on regular service days and annual shots by barn vet.
- Small laundry service (no weighted turnouts).

_____ (initial)

E. Additional Services and Costs

Should you need any service not clearly included in section D above (i.e. additional medical attention, hand walking, holding for vet or your farrier), the cost of this service is \$20/hr billable by the half hour. General rule of thumb is if the request is 5min or less, there is no cost. 10min or more there will additional charges for the service.

_____ (initial)

F. Coach Information (if applicable)

Stonecroft requires a copy of any outside coaches current insurance policy on file.

Name _____

Phone number _____

Email _____

Insurance carrier and policy number _____

Note: Outside coaches are allowed, however Paisley has arena priority. Please check her lesson board for arena availability and write your lessons on the boarder lesson white board.

_____ initial

Horse Information

1. Horse

Name: _____

Age: _____ Breed: _____ Sex: _____ Height: _____

Distinguishing Marks: _____

Date of most recent worming: _____

Date of last annual shots _____

List of shots _____

Name of vet administering shots _____

Allergies/Medical concerns/Vices/Issues: _____

2. Emergency Care

If medical treatment is needed, we will attempt to contact the Owner at all the numbers listed above. In the event the Owner is unavailable, the veterinarian specified above will be contacted.

Owner hereby agrees to bear financial responsibility for emergency care for the horse up to the amount of _____ (specify, in dollars).

3. Boarding Fees

Stonecroft agrees to care for the horse described above beginning _____ (date).

Select	Service	Cost
	Full Service Indoor Board	910
	Outdoor Board	410
	HST (910+118.30=1028.30) or (410+53.30=463.30)	
	TOTAL MONTHLY BOARD	
	Initial wormer cost if not provided	\$30
	One Time Stall Plate Fee (reqd for indoor)	\$20
	TOTAL AMOUNT DUE (First cheque)	

Owner Signature/date

Stable Representative/date