

DUTY OF DISCLOSURE

Agistment Details

The AGISTMENT SERVICE in this agreement is offered by:

_____ (FARM) _____ (LAND HOLDER)
 of _____ (ADDRESS)
 PHONE NO: _____ (BH) _____ (AH)

This agreement starts in the day the horse is delivered to the property and continues until one of the parties ends this agreement. We agree that _____ days notice must be given to terminate this agreement.

Horse / Owner Details

I, _____ (OWNERS FULL NAME)
 of _____ (ADDRESS)
 CONTACT PHONE NOS: _____ (BH) _____ (AH) _____ (MOBILE)
 (FAX) _____ (EMAIL) _____ the said owner of the horse
 _____ " (NAME OF HORSE)

declare that I have / have no knowledge of pre-existing injuries, ailments or vices. Listed are the known problems:

The said horse has / has not been vaccinated against tetanus. Last date of vaccination _____
 The said horse has / has not been vaccinated against strangles. Last date of vaccination _____
 Last date of worming was _____ with _____ (BRAND NAME)
 Last date teeth care was performed _____ by _____ (DENTISTS NAME)

In an emergency contact: _____ (NAME) _____ (PHONE) _____

In the event of an emergency the owner of the said horse agrees to pay veterinary expenses up to a maximum limit of: \$ _____. Alternate treatment decisions can be made by the Landholder/Delegated Contact (*cross out as appropriate*).

The said horse is insured with the following company _____ who must be contacted in the event of an emergency _____ (PHONE) _____ (FAX)

Agistment cost to owner for agreement as outlined above is \$ _____ per day / week / month.

**The agistor may vary the rates upon giving 14 days notice in writing. The agistor will send agistment accounts to the horse owner each month. The accounts are due and payable within 7 days from the date given. The agistor may charge a monthly accounting fee on overdue accounts.*

I, the owner of the said horse understand the terms and conditions of this agistment agreement and agree to abide by them.
 Signed _____ (HORSE OWNER) _____ (DATE)

I, the agistor of the said horse understand the terms and conditions of this agistment agreement and agree to abide by them.
 Signed _____ (LAND HOLDER) _____ (DATE)

Extra Services Or Amendments To Be Provided By Agistor

(e.g. Care after foaling or following injury) – to determined as needed: _____

Extra Cost \$ _____ per day / week. Signed _____ (HORSE OWNER)