



Mare Foaling Agreement and Waiver of Liability

1. This agreement, dated the _____ day of _____, 20____ is entered into between **Fen Vet Equine Reproduction**, and _____ (Owner or Leasee), hereinafter referred to as "**Client**", for the board and foaling out of the following mare, hereinafter referred to as "**Horse**":

2. If the **Client** is leasing the **Horse**, the **Client** agrees to accept all responsibility and costs for the **Horse**.

Initial _____

CONSENT TO BOARD AND PROVIDE MEDICAL TREATMENT:

3. The **Client** hereby consents to and authorizes **Fen Vet Equine Reproduction** and its staff to board the **Horse** and/or foal and administer vaccinations, medications, sedation, and/or perform procedures and/or treatments that the veterinarian(s) deem necessary for the foaling and safety of the **Horse** and/or foal while under their care. The **Client** consent to the use of sedation as deemed necessary and advisable in the professional judgment of the veterinarian.

4. The nature of medical treatments/procedures have been explained to the **Client**, along with potential risks and no guarantee has been made as to the results or time required. The **Client** understands the potential risks, and consents to **Fen Vet Equine Reproduction** performing veterinary treatments and/or procedures on the **Horse** and/or foal.

Initial _____

HEALTH AND HANDLEBILITY OF THE HORSE:

5. The **Client** warrants, to the best of their knowledge, that the **Horse** shall be free from infectious, contagious, or transmissible diseases at the time the horse arrives at Fen Vet Equine reproduction's facility. The **Client** shall immediately advise **Fen Vet Equine Reproduction** if they are advised, or have reason to believe, the **Horse** is infectious, contagious, or has a transmissible disease at any time during the period of this agreement.

6. The **Client** agrees that the **Horse** is halter broke and handleable.

Initial _____



VACCINATIONS:

7. Horses boarded with **Fen Vet Equine Reproduction** are required to be vaccinated against Equine Influenza, Equine Herpes Virus, Eastern Equine Encephalitis (EEE), Western Equine Encephalitis (WEE), Tetanus, and West Nile Virus.

I, the **Client**, certify that my **Horse** is vaccinated as described herein.

I, the **Client**, give permission for **Fen Vet Equine Reproduction** to administer the vaccines described herein to my **Horse**.

Initial _____

RELEASE OF LIABILITY

8. The **Client** agrees to assume all responsibility and risk arising during boarding of their **Horse** with **Fen Vet Equine Reproduction**. **Fen Vet Equine Reproduction** will use all reasonable precautions against injury, escape, or death of my horse. The **Client** understands the possibility of injury, illness and death exists at any breeding facility and assumes all liability for injury, sickness, disease, or death.

9. **Fen Vet Equine Reproduction** strongly advises the **Client** to insure the **Horse** prior to arrival at the **Fen Vet Equine Reproduction** facility.

The **Horse** is insured and the **Client** agrees to provide a copy of the contract prior to arrival at the **Fen Vet Equine Reproduction** Facility.

The **Horse** is not insured and the **Client** agrees to accept all responsibility for costs should the **Horse** (and/or her foal) become sick, injured or die at **Fen Vet Equine Reproduction**.

10. The **Client** waives all liability and right to sue and hold harmless **Fen Vet Equine Reproduction**, its owners, family, agents or employees under all and any circumstances.

Initial _____

EMERGENCY MEDICAL CARE:

11. In the event of an injury or emergency, **Fen Vet Equine Reproduction** will attempt to contact the **Client** before any procedures or treatments are performed. If the **Client** cannot be contacted to provide authorization for treatment, the attending veterinarian should act in his or her best



judgement. The **Client** agrees to pay the additional expenses incurred for the emergency treatment up to the amount of \$_____

Please note best emergency contact number: _____

Initial _____

12. In the event of an injury or emergency please indicate if the **Horse** and/or foal is a surgical candidate.

Yes No

If yes, please note surgical facilities in order of preference below:

1. _____ 2. _____

13. In the case of an emergency in which the **Horse** and/or foal is referred to another facility, the **Client** understands they are responsible for all costs incurred at that facility.

Initial _____

NON-DISCLOSURE AGREEMENT:

14. The **Client** and **Fen Vet Equine Reproduction** agree to a two way non-disclosure agreement of any negative or defamatory remarks about each other.

Initial _____

CONSENT FOR SHARING PICTURES:

15. The **Client** consents to have pictures of the **Horse** and/or foal shared on social media. Note: no personal information will be shared with pictures.

Initial _____

STABLE RULES:

16. The **Client** acknowledges receipt and understanding of the stable rules below. The **Client** agrees that they and their guests will be bound and abide by the rules and accepts responsibility for the conduct of their guests according to these rules.
a. Visitation and drop off/ pick ups are by appointment only.
b. Arrivals must check in to the breeding center office (or call / text 403-917-0443) prior to unloading horses.



- c. Dogs and other pets must remain in the client's vehicle; pets are brought at your own risk.
- d. Do not enter pens, feed, pet, groom, halter or attempt to handle horses on the property without consent.
- e. Do not utilize tack, equipment or supplies that belong to others without consent.
- f. Each person is responsible to clean up any mess made by their horse(s).
- g. Smoking is not permitted indoors. Alcohol is not permitted on the premises.
- h. Damage to horses, equipment, and facilities caused by neglect or abuse will be charged to the responsible individual.

FINANCIAL AGREEMENT:

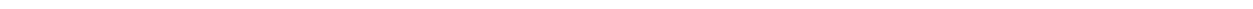
- 17. The **Client** agrees to pay, in full, for all fees, as they come due, and no later than the date of mare pick-up to **Fen Vet Equine Reproduction** - including but not limited to:
 - a. Board for the **Horse** and foal
 - b. Foaling services and supplies for the **Horse** and foal
 - c. Medical treatments for the **Horse** and foal, including those deemed necessary for unforeseen circumstances while at Fen Vet Equine Reproduction's facility
- 18. The **Client** understands that estimates given are based on normal foaling, and are only approximations. Should complications arise, services will be billed accordingly. The final bill may be greater or less than these amounts
- 19. The **Client** agrees to pay a deposit of \$500.00 to **Fen Vet Equine Reproduction** for foaling services prior to the **Horse** arriving at the Fen Vet Equine Reproduction facility.

Initial _____

By signing below you have read and acknowledged that I have read and agree to the Mare Foaling Agreement and Waiver of Liability.

Client's Name Printed: _____

Client's Signature: _____ Date: _____





Pre-Arrival Check List

All mares arriving for breeding at Fen Vet Equine Reproduction must have the following:

- 1) Mares must be in good health upon arrival. We retain the right to refuse services to any mare we deem unfit for foaling/breeding.
- 2) Mares must be vaccinated against West Nile Virus, WEE, EEE, Tetanus, Influenza and Rhino. It is recommended that vaccination occur between 4-6 weeks prior to expected foaling date to maximize antibodies in the colostrum. The Mare must be vaccinated at least 2 weeks prior to arriving for foaling/breeding. Proof of vaccination is required.
- 3) Proof of deworming in the fall is required. Mares at our facility will be routinely dewormed at the time of foaling.