



Agreement to Agist

The AGISTMENT SERVICE in this agreement is offered by:

BONEO PARK 312 Boneo Rd BONEO 3939. Contact person: **Fiona McNaught** 0402 849802.
Email: fiona@boneopark.com.au Fax: 03 59812068

This agreement starts on the day the horse is delivered to the property and continues until one of the parties ends the agreement. We agree that 14 days notice must be given to terminate this agreement.

Horse / Owner Details

I, _____ (OWNERS FULL NAME)

of _____ (ADDRESS)

Phone No. (HOME) _____

(MOB) _____ (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 below 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 _____

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

_____ (NAME OF FARRIER) _____ (FARRIER'S PHONE)

In the event of an emergency the owner of the said horse agrees to pay the veterinary expenses up to a maximum limit of \$ _____. Alternative 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 an emergency. _____ (PHONE)

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

Preferred method of receiving invoices: email post in person

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 agistment attached to this agreement and agree to abide by them.

Signed _____ (LAND HOLDER) _____ (DATE)

