

Blue Skye Stables, LLC

2775 East Osceola Rd.
Geneva, fl 32732
(407) 349 – 0990
info@blueskystables.com

BOARDING AGREEMENT

I, _____, entrust the care of my horse, _____, to Blue Skye Stables, LLC and its representatives. Authorization is hereby given to act as my agent for the veterinary care of my horse in the event of an emergency, if I can not be reached.

This agreement becomes effective _____ and will remain in force on a month to month basis. It is understood that board in the amount of _____ and a training fee, if applicable, in the amount of _____ will be due on the first day of the month. Payment will be in the form of check or cash.

Feeding: It is understood that horses will receive a daily grain and hay ration which is equal to 1 ½ and 2% of their body weight. The ratio is approximately 30% concentrate and 70% quality hay. Pelleted feed is usually fed, however sweet feed is also available. Owner supplied supplements are fed at no additional cost.

All boarders are welcome to use the veterinarian and farrier of their choice. Please specify:

Proof of a current coggins test is required.

We will be pleased to include your horse in our worming rotation every 8 weeks. The cost is \$15. Please advise if desired.

We will administer special care (ie: grooming, mane pulling, clipping, wrapping, veterinary care as directed) for an additional charge. We will be pleased to quote a firm price for any service.

Special instructions

Boarder _____ Date _____

Blue Skye Stables, LLC _____