



Spring Valley Lake Association
13325 Spring Valley Parkway
7001 SVL Box
Spring Valley Lake, CA 92395-5107

EQUESTRIAN BOARDING AND/OR TRAINING AGREEMENT

(All horse boarders renting a new stall must fill out this agreement to completion.)

NAME OF OWNER _____ NAME OF HORSE _____

ACCOUNT # _____ HOME PHONE _____ WORK PHONE _____

EMAIL: _____ EMERGENCY PHONE _____

PHYSICAL ADDRESS _____

MAILING ADDRESS (if different from physical address) _____

HORSE INFORMATION:

BREED _____ AGE _____ COLOR(S) _____

GENDER _____ HEIGHT _____ REG. NO _____ VALUE _____

MARKINGS _____

CONDITION, OBVIOUS DEFECTS OR SPECIAL MARKS _____

HORSE INSURANCE COMPANY _____

PHONE NUMBER _____ POLICY NUMBER _____

VET'S NAME _____ PHONE NUMBER _____

SPECIAL INSTRUCTIONS _____

Board is due on the first (1st) of each month and delinquent after the tenth (10th) of each month. An additional 10% late fee will be due and payable on the 11th of the month. SVLA does not send out reminders; therefore, it is the property owner's own responsibility to keep track of due dates.

We no longer provide a "waiting list" for stalls. All stall rentals are on a first-come, first-serve basis.

Association Office – 760.245.9756

Public Safety – 760.245.6400

Fax – 760.245.3076

Website – www.svla.com

EQUESTRIAN BOARDING AND/OR TRAINING AGREEMENT

(All current horse boarders must read and sign this agreement.)

Owner agrees to:

- 1) Pay in advance all boarding and training charges in accordance with our current SVLA approved rate sheet. Spring Valley Lake Association, their successors, agents or assigns shall have and is hereby granted a lien for any and all unpaid boarding and other charges resulting from boarding and/or training of said horse or horses.
- 2) If the animal becomes ill or is injured, owner shall be notified at the above telephone numbers for instructions. If owner cannot be informed or does not answer the notice, and the horse's health requires immediate action, Spring Valley Lake Association, their successors, agents, or assigns shall have the right to use their best judgment regarding measures to be taken for the welfare and health of the horse.
- 3) The owner of the horse, and Spring Valley Lake Association, their successors, agents shall pay any medical fees incurred, or assigns shall have no liability therefore.
- 4) Spring Valley Lake Association, their successors, agents, or assigns, shall not be liable for any damage which may occur from any cause or as a result of fire, theft, running away, state of health, injury to person, horse or property of owner.
- 5) Owner agrees to abide by all rules and regulations of the equestrian center/stalls and bridle trails.
- 6) Owner agrees to keep all immunizations current and to have the horse tube-wormed and his teeth checked at least twice a year.
- 7) Owner agrees to assume all responsibility and risk arising out of engaging or participating in equestrian activities at the Spring Valley Lake Equestrian Center, and to hold all teachers, counselors, trainers and employees harmless from all damages or liability for any injury to person, horse or property arising from any reason whatsoever.
- 8) All boarding horses will be fed a choice of alfalfa hay, short stem Bermuda grass.
- 9) Any extra care of horses required, owner will be charged accordingly.
- 10) Any problems or concerns from the Owner must be addressed to the Maintenance Supervisor or the Administrator.
- 11) Spring Valley Lake Association, their successors, agents, or assigns may exercise its lien rights and 10 days after written notice to the owner at the address given, Spring Valley Lake Association, their successors, agents, or assigns may dispose of said horse for the unpaid charges at private or public sale and the owner waives all other legal notice. In

the event the sale does not secure a price sufficient to pay costs and charges, the owner shall be

12) liable for the difference. Any sum realized over and above costs and charges shall belong to the owner.

12) In the event someone other than the owner calls for the horse, such person must have written authority signed by the owner to obtain the horse.

13) The undersigned hereby agrees to indemnify and hold harmless Spring Valley Lake Association, their successors, agents, or assigns, from all cost, loss, obligation, liability and claims for damages by reason of any injury to any person or persons, or property, including the undersigned, while using the Spring Valley Lake Association Equestrian Center facilities or while on equestrian trails.

14) Should the horse become sick or injured, the owner must notify the Association immediately, and provide a veterinary report, stating condition of the horse and any medications, treatments being done to rectify the sickness or injury. If the sickness is contagious the horse must be removed from the equestrian stall/center immediately. The horse is not allowed to return to the equestrian stalls/center until the veterinarian presents a release report.

I have read and agree to abide by the SVLA rules and regulations listed above and in the SVL Rules and Regulations Packet.

Signature of Horse Owner (member/tenant member)

Date

EQUESTRIAN IMMUNIZATION FORM

Spring Valley Lake Association property owners maintaining horse(s) on their property or boarding with the Equestrian Center must file, each year, documentation (shot records) with the Association by EXPIRATION date of previous record for your horse(s) immunization against disease per Spring Valley Lake Association and current veterinarian recommendations for this area.

Immunizations required are as follows:

- 1) Eastern Equine Encephalitis
- 2) Western Equine Encephalitis
- 3) Tetanus
- 4) Rhinopneumonitis
- 5) Influenza
- 6) Distemper-Strangles
- 7) Potomac Horse Fever (optional, only needed if vet recommends)
- 8) West Nile

Owner Information:

Property Owner Name _____ Account # _____

Physical Address _____ Email _____

Mailing Address (if different from physical address) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Information:

Emergency Contact _____ Phone _____

Veterinarian _____ Phone _____

Horse Name _____

Immunizations:

Date Given:

- | | |
|-----------------------------------|-------|
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| 2) Western Equine Encephalitis | _____ |
| 3) Tetanus | _____ |
| 4) Rhinopneumonitis | _____ |
| 5) Influenza | _____ |
| 6) Distemper-Strangles | _____ |
| 7) Potomac Horse Fever (optional) | _____ |
| 8) West Nile | _____ |

I AGREE TO KEEP ALL IMMUNIZATIONS CURRENT AND TO HAVE THE HORSE TUBE-WORMED AND ITS TEETH CHECKED AT LEAST ONCE A YEAR.

OWNER SIGNATURE: _____ **DATE:** _____

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