# Long Branch Lakes Equestrian Center
## EMERGENCY AND CONSENT FORM

LBL stands for the Long Branch Lakes Property Owners Association and Equestrian Center. There is no barn manager at the equestrian center and each Boarder is responsible for their own personal safety and for the care and control of their horse/s. It is the Boarder's financial and scheduling responsibility to ensure proper hoof, dentistry and health care for their horse/s.

Upon entering the Equestrian Center each horse to be boarded is guaranteed by the Boarder to be free from transmittable diseases, current on worming and current on immunizations including Eastern and Western Encephalomyelitis, Rhinopneumonitis (EHV-1 and EHV-4,) Influenza type A2, Tetanus, and West Nile Virus. A negative Coggins dated within 12 months and Current Vaccination Record must be presented to LBL prior to the entry of horse/s onto the premises. All horses on the LBL premises are required to maintain a current 12-month negative Coggins test on file. All horses are required to have routine vaccinations. The LBL may request a fecal test for parasites at any time for any or for all horses; the Boarder warrants that the horse is treated for parasites. All equines entering the premises that appear to be sick may be subject to quarantine. Arrangements for shelter and turnout of quarantined equines will be determined by the Barn Committee Chairperson or LBL Board liaison.

LBL reserves the right to provide or secure additional services for a horse if the horse is seriously in need of emergency services and the Boarder cannot be reached, or the Boarder after request by the LBL, fails to provide or secure such services for the horse/s. LBL shall first attempt to notify the Boarder of any emergency situations as soon as reasonably practical. If the state of the horse/s health requires immediate action, LBL is authorized to provide or request such services of a veterinarian or other available professional of LBL's choice or to give any other services that appear necessary. If LBL is not able to reach the Boarder, or the Boarder does not give LBL instructions regarding the immediate care of the horse/s, LBL will attempt to secure the services of the providers specified or known to have been previously used by the Boarder to care for the horse/s. The Boarder agrees that in the event the horse/s require/s immediate and/or emergency care and the specified provider cannot be reached or is not available or other care can be secured more quickly LBL has the permission to otherwise secure the care necessary to guard the welfare of the horse/s. All financial responsibility for care provided to the horse/s shall rest and remain solely with the Boarder and agrees to hold LBL harmless from any costs of such care. Additionally, the Boarder acknowledges that LBL is under no obligation to secure treatment for any horse for any reason.

The Boarder acknowledges that: the Boarder has inspected premises and/or has in some other way satisfied him/herself that the condition of the premises and the facilities will provide an adequate and reasonable level of safety for the Boarder's horse/s, and the Boarder, the Boarder's family members, and invitee/s who enter the premises. The

Boarder further acknowledges that barn procedures, liability waivers and other practices exist and apply.

LBL shall have no liability or responsibility for the personal property of the boarder and said property is stored on the premises of LBL at the sole risk of the Boarder. Personal property includes, but is not limited to, horse/s, tack, equipment, trailer/s, feed, etc.

The Boarder acknowledges that the information provided by the Boarder is correct, and that it is the Boarder's responsibility to update the information as needed. The Boarder may be periodically asked to review the provided information but, in any event, it is the Boarder's responsibility to update the provided information as changes occur.

**Signature of Boarder:** _____ **Date:**_____

## Boarder Information:

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|---|---|
| **Boarder Name:** | |
| **LBL Street Address:** | |
| **Alternate Street Address:** | |
| **Alternate City:** | |
| **Contact Phone Number(s):** | |
| **Email Address:** | |

## Horse Information:

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|---|---|---|---|
| **Horse Name:** | | **Breed:** | |
| **Age:** | | **Year of Birth:** | |
| **Color:** | | **Markings:** | |
| **Height:** | | **Gender:** | |

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|---|---|---|---|
| **Horse Name:** | | **Breed:** | |
| **Age:** | | **Year of Birth:** | |
| **Color:** | | **Markings:** | |
| **Height:** | | **Gender:** | |

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|---|---|---|---|
| **Horse Name:** | | **Breed:** | |
| **Age:** | | **Year of Birth:** | |
| **Color:** | | **Markings:** | |
| **Height:** | | **Gender:** | |

## Contact information:

| | | | |
|---|---|---|---|
| **Veterinarian:** | | **Phone:** | |
| **Farrier:** | | **Phone:** | |
| **Custodian:** | | **Phone:** | |
| **Other:** | | **Phone:** | |

List known horse health conditions and any instruction that may be helpful during an emergency or owner absence on a separate and attached page or below. Also list other instruction or preferences. As an example, state that due to the horse's age and past experience with colic, a colic episode should not be treated surgically and the horse should be made as comfortable as possible until the Boarder can be reached.

No additional information is provided: _____ (Initial), or Additional information is provided:_____ (Initial).