



Mountain View Equine Hospital, PC

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Boarding Consent

Owner: _____

Address: _____

Phone: _____

Email: _____

Horse Name: _____

Breed: _____ **Sex:** _____ **Age:** _____

Reason for Boarding: _____

General Terms: Mountain View Equine Hospital will exercise responsible care for the safety of your horse, and to keep the boarding premises safe and properly enclosed. Horses will be fed and watered regularly, and housed in clean, safe quarters. The **Mountain View Equine Hospital** cannot guarantee against accidents, and we cannot be liable for loss or damage caused by or to our equine guests at this facility. Owner agrees to be solely responsible for any and all attacks or damage caused by owners' horse while it is at this hospital.

Payment/Nonpayment: The **Mountain View Equine Hospital** charges for boarding space by the day or month. Owner agrees to pay the rate for boarding in effect on the day the horse is checked into the hospital. Payment balance is due upon checkout or by the fifth of the month, whichever occurs first. If any charges are not paid when due, interest will accrue at 1.5% per day. All collection expenses, including attorney fees, will be paid by the owner.

Check in/out Times: Check out time is by 10:00 AM. Any pet checked out before 10:00 AM will not be charged the boarding fee for the day of check out. Any horse checked out after 10:00 AM will be charged for the day of check out. Check in and check out times are only during normal appointment hours. There are no weekend check outs.

Personal Items: We make every effort possible to make your horse feel at ease while he/she is staying with us. The **Mountain View Equine Hospital** does not recommend bringing personal items from home as they may get lost in the laundry or soiled. **Mountain View Equine Hospital** is not responsible for lost or damaged personal items.

Vaccinations: Vaccinations are for the protection of your horse, we cannot make exceptions to vaccination requirements. If proof of vaccination is not on file or provided from another veterinarian, the horse will be vaccinated and examined at the owner's expense on the arrival date, and has higher risk of contracting an illness during their stay.

Abandonment: If the horse is not called for within 10 days after the designated checkout time, the horse will be considered abandoned and will be handled in accordance with state law. All adoption fees and other incurred expenses will be the responsibility of the owner.

Departure Baths: We offer a complimentary departure bath for all horses staying 4 or more consecutive days (As long as the weather allows). If you do NOT want your horse to receive the departure bath, please notify representative at check-in. If your horse is here for less than 4 days and you would like to purchase a basic bath, please let a representative know. EXPECTATION will be broodmares with foals by their side.

Deposit: **Mountain View Equine Hospital** requires a non-refundable deposit equal to 50% of the boarding fees at the same time the reservation is made. This deposit guarantees the space for specified guest. All days reserved will be charged for in full, even in the event of late drop off or early return. If an extended stay is required there may be additional fees above routine boarding rates.

Geriatric Pets: Older horses may experience additional stress in the lodging. **Mountain View Equine Hospital** is devoted to providing exceptional care for guests, including geriatric horses. Your signature acknowledges that you are aware of and accept all age related risks to your animal.

Medications/Feeding: Medications, supplements, or other items will be administered for an additional fee as directed, but medications must be presented in their original containers with instructions for administration. If your horse is on a special diet, and cannot be transferred to our feed, the owner is responsible for bringing enough feed for the stay. If enough feed is not brought than an additional charge will be added. If your horse requires over 8 pounds of grain daily an additional charge will be added to your bill.

Farrier Work: Any horse staying at the hospital for longer than 6 weeks will have hooves examined by a farrier. If you choose to use your farrier, a name and number must be provided. **Mountain View Equine Hospital** will make an effort to contact your farrier for work/

replacement of shoes. If your farrier cannot be reached then a farrier of our choosing will be called and the owner will be responsible for any charges.

Treatment Authorization: The owner agrees that **Mountain View Equine Hospital**, in its discretion, give first aid, medication, or other attention we deem it necessary for the health, and safety of your horse. **Mountain View Equine Hospital** is authorized by the owner to provide veterinary care, including emergency care, at the owner's expense. If we believe that your horse is in need of care, time permitting we will attempt to contact you before providing that care, but this document serves as our authorization to provide veterinary care for your horse in the event we are unable to reach the owner. The owner is responsible for expenses of veterinary care, whether or not you have been reached in advance. Your signature on this authorization permits **Mountain View Equine Hospital** to make reasonable care decisions regarding your horse; and the owner agrees to pay for all costs incurred for such treatment. In the unlikely event that a horse passes away while a guest of **Mountain View Equine Hospital** we will contact you and discuss your options of body care with you.

Monitoring: Staffing at **Mountain View Equine Hospital** varies by season and days. If at any time a staff member is not present on the premises, the hospital is locked, and the horses are able to be observed remotely by video camera if stalled. For staff safety, horses are not moved between the hours of 9 pm and 6 am.

Social Media/Teaching: By initialing I agree to the use of pictures and case information of my animal(s) for social media and/or teaching purposes. **Initial:** _____

I hereby agree to the foregoing as the owner of the aforementioned horse.

I further certify that my horse is in good health and has not been ill with any communicable condition nor to my knowledge been exposed to any communicable diseases within the last 30 days. Moreover, I certify to the accuracy of all information given about my horse and have discussed any previous signs of aggression or threatening behavior toward any person or animal. I have read and understand the entire boarding contract.

Signature

Date