



614-348-5915  
Lnyinger@gmail.com  
www.lindsayyingershowstables.com

**Boarding Agreement**

This boarding agreement (the “Agreement”) is entered into between Lindsay Yinger Show Stables, LLC, 4945 Mink St. SW, Pataskala, Ohio 42062 (“LYSS”) and \_\_\_\_\_ (the “Boarder”). This Agreement will commence on \_\_\_\_\_ (date) for a twelve (12) month term. At the end of the initial twelve (12) months, this Agreement shall be on a month-to-month basis, and will terminate upon the Boarder providing thirty (30) days’ notice, or as otherwise provided herein.

**Fees:**

The boarding rate of \$900.00 per month or \$975 for an extra large stall, to be paid no later than the fifth day of each month. In addition, Boarder agrees to incur and pay a minimum monthly fee of \$300 of services (lessons and/or training rides). If these services are not used monthly they will be billed to the Boarder in the amount of the minimum monthly fee. LYSS reserves the right to increase these fees upon two (2) weeks’ notice.

**Decription of horse:**

The Boarder is boarding the following horse(s) with LYSS:

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_  
Special instructions \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_  
Special instructions \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
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### **Feeding & Care:**

LYSS agrees to provide the following in addition to normal and reasonable care required to maintain the health and well-being of the horse(s):

- 1) A box Stall
- 2) Paddock turn-out - weather permitting.
- 3) Up to 9 flakes of hay per day.
- 4) Up to 9 lbs of grain per day
- 5) Feeding of supplements (provided by Boarder).
- 6) Blanketing as needed.
- 7) Minimum 3 feedings per day, including grain, hay, water
- 8) Special feeds besides Tribute will be provided at Boarder's expense.
- 9) Scheduling routine veterinary appointments, vaccines, and semi-annual dental care at Boarder's expense.
- 10) De-worming – to be billed to Boarder.
- 11) Schedule farrier appointments for horse(s), with farrier services billed to Boarder. All farrier services will be provided by Kleintop Forge. Credit cards must be on file with Kleintop Forge.

### **Exercise:**

LYSS is a horse training facility and horses should be exercised 5-6 days a week in addition to their turn-out in a paddock. LYSS will provide training rides to your horse at minimum of 1 training ride per week. Please schedule these training rides with LYSS. If your horse has not been properly exercised LYSS will provide a training ride to your horse at Boarder's expense. Exceptions may occur if horses are on rest for lameness, and hand walking should be done daily by Boarder, or LYSS will provide this service at Boarder's expense.

### **Right Of Lien:**

In accordance with Ohio law, LYSS has the right of a stablemen's lien in the event of unpaid board and other fees. Further, LYSS has the right to retain said horse until the amount of indebtedness is discharged. If the debt is outstanding longer than 90 days without payment. LYSS has the right to sell to horse to cover the debt owed all payable to LYSS, with such sale to be conducted in accordance with Ohio law. LYSS also reserves the right to pursue all claims, rights and remedies against the Boarder for unpaid fees.

### **Risk of Loss:**

During the term of this agreement the risk of said horse for all injuries, including death, shall be assumed by Boarder. In the event of loss or injury of the horse, Boarder agrees

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to hold LYSS harmless from any loss or injury of horse. It is recommended that Boarder have mortality insurance and major medical insurance coverage on the horse(s), and to provide that information to LYSS in of emergency.

**Emergency Care:**

LYSS will make every attempt to contact owner in the event where medical care is needed for said horse. If LYSS is unable to contact the Boarder, LYSS has the right to obtain veterinary care for the horse(s) in case of emergency, at Boarder's expense.

\_\_\_\_\_ I would like LYSS to do everything possible if my horse needs medical attention. Including transporting to a hospital. I understand that I will be responsible for all bills associated with my horse.

\_\_\_\_\_ I would like LYSS to administer medical attention up to the amount of \$ \_\_\_\_\_

I understand I am responsible for all bills associated with my horse.

\_\_\_\_\_ I do not authorize any emergency care for my horse.

\_\_\_\_\_ If all measures that I have authorized have been exhausted, LYSS has my permission to euthanize my horse if it is the last resort and the recomnadation of a veterinarian.

**Insurance:**

LYSS has general liability insurance and also insurance for natural disasters, but does not have insurance coverage for any Boarder property, including horse(s) and equipment. We recommed that each Boarder insurance for each horse and obtain coverage for Boarder property through his/her own insurance coverage.

Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

Value Insured for \_\_\_\_\_

**Hold Harmless**

Owner agrees to hold LYSS harmless from any damage caused to LYSS property by owner or their horses. Any damages a horse creates to the facility or property will be the owners responsibility. A LYSS Liability form must be signed by anyone riding or handling horses at LYSS.

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**Default/Termination:**

A party may terminate the Agreement prior to the end of the initial twelve (12) month term upon material breach thereof by the other party and upon providing thirty (30) days' notice to the other party. Further, LYSS may terminate this Agreement immediately and at any time upon providing written notice to the Boarder of a material violation of any barn rules or regulations, or in the event that LYSS determines that the Boarder's horse is a danger to LYSS, its staff, and/or the Boarder. In the event of such immediate termination, and until such time as the horse is removed from the LYSS facility, LYSS will not provide any services to the Boarder or its horse, other than stall cleaning, feeding, emergency care, and as otherwise agreed to between LYSS and the Boarder. Further, in the event of such immediate termination by LYSS, no fees are refundable to the Boarder.

If the Boarder's horse is ridden or cared for by a minor, then the Boarder is responsible for all conduct of the minor, including the compliance by the minor with any LYSS rules, regulations, and the LYSS Handbook. Any misconduct by such minor will be attributable to the Boarder.

**Access to information as agent for Boarder:**

Lindsay Yinger and Lindsay Yinger Show Stables, LLC have my permission to access files and information as my agent for my horse and his health and care needs, and to provide that information to any providers of services for my horse(s), including for veterinary, farrier, dentist, and other such services.

**Credit Card Information:**

LYSS has the ability to obtain payment for services by credit card for the convenience of Boarders and to obtain prompt payment to LYSS in the event that the Boarder does not remit payment for board and other invoiced services. Please fill out the information below. You will always receive a invoice or statement before your card is billed. LYSS will charge the credit card only after ten (10) days following the issuance of an invoice to the Boarder. Please fill out the card info below and sign where indicated.

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**Boarder:**

Print Name \_\_\_\_\_  
Address \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone numbers \_\_\_\_\_  
Emergency Contacts \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read and agree to the terms in the LYSS Handbook.

Signature \_\_\_\_\_

**Owner information (if different from Boarder):**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone numbers \_\_\_\_\_  
Emergency Contacts \_\_\_\_\_

**LINDSAY YINGER SHOW STABLES, LLC**

\_\_\_\_\_  
By: Lindsay Yinger, Managing Member  
13733 Foundation Rd, Croton, OH 43013  
cell 614-348-5915 Fax 740-893-2400  
LNYinger@gmail.com

Date: \_\_\_\_\_

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### Credit Card Authorization Form

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration \_\_\_\_\_

CV Code \_\_\_\_\_

Billing Address:

\_\_\_\_\_  
\_\_\_\_\_

Card Holder Signature \_\_\_\_\_

- Yes Please use my credit card for monthly Billing.
- Only use my credit card if my account is past due.

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