

# ***Hidden Creek Stables LLC***

## ***Boarders Package***

*Hidden Creek Stables is excited for you to become part of our family.*

Name: \_\_\_\_\_

Please provide the following to Stable Management prior to the arrival of your horse:

\_\_\_\_\_ First Month Board

\_\_\_\_\_ Certificate of Negative Coggins Test

\_\_\_\_\_ Certificate of Rabies Vaccine

\_\_\_\_\_ Record of Vaccinations, including E/W/T/Flu/Rhino

\_\_\_\_\_ Signed Boarding Agreement

\_\_\_\_\_ Copy of Driver's License

\_\_\_\_\_ Signed Liability Waiver and Release

\_\_\_\_\_ Signed Boarded Horse Information Form (for each horse)

\_\_\_\_\_ Signed Emergency Medical Release Form

\_\_\_\_\_ Signed Stable Rules

\_\_\_\_\_ Signed Arena Rules & Etiquette

**All necessary items have been properly completed and submitted:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

# *Hidden Creek Stables LLC*

BOARDED HORSE INFORMATION FORM  
(Complete Separate Form for Each Horse)

## **HORSE'S INFORMATION**

Date Boarding Begins: \_\_\_\_\_

Horses Name: \_\_\_\_\_

Color: \_\_\_\_\_ Breed: \_\_\_\_\_ DOB: \_\_\_\_\_

Size: \_\_\_\_\_ Markings: \_\_\_\_\_

Stallion / Gelding / Mare / Colt / Filly (Circle One)

Tattoo / Chip Location: \_\_\_\_\_ Number/Code: \_\_\_\_\_

Registry information (if applicable):

\_\_\_\_\_

\_\_\_\_\_

Existing and historical health and behavioral issues (attach additional sheets as needed):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Veterinarian's Name & Phone Number: \_\_\_\_\_

Veterinarian's Name & Phone Number: \_\_\_\_\_

Horse's Name: \_\_\_\_\_  
Horse's Color: \_\_\_\_\_ Stallion / Gelding / Colt / Mare / Filly (Circle One)  
Size: \_\_\_\_\_ Markings: \_\_\_\_\_

**Vaccinations:**

**Required** (date administered – update upon each new vaccination and provide copies):

Negative Coggins: \_\_\_\_\_

Rabies Certificate: \_\_\_\_\_

Eastern/Western Equine Encephalomyelitis, Tetanus, Equine Influenza and Rhinopneumonitis: \_\_\_\_\_

**Recommended:**

Strep/Strangles: \_\_\_\_\_

Potomac Fever: \_\_\_\_\_

West Nile: \_\_\_\_\_

**OWNER'S INFORMATION**

Owner's Name: \_\_\_\_\_

Parent/Guardian's Name (if Owner is under 18): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: #1 \_\_\_\_\_

Emergency Contact: #2 \_\_\_\_\_

Horse's Name: _____
Horse's Color: _____ Stallion / Gelding / Colt / Mare / Filly (Circle One)
Size: _____ Markings: _____

## CARE AND FEEDING INSTRUCTIONS

Is the Horse/Pony a Risk to Others? (Circle One) YES / NO

If YES, how so? :

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Special Precautions:

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Feed: The Stable shall provide water, hay and the Stable's selection of grain to each horse as part of the board. Any special grains or feeds must be provided by the Owner at the Owner's expense.

Feed: \_\_\_\_\_ Special? (Circle One) YES / NO

AM feed amount (in scoops): \_\_\_\_\_ PM feed amount (in scoops): \_\_\_\_\_

Medications and Supplements: All Supplements must be provided by Owner at Owner's expense. If more than one daily supplement is needed, the supplements must be pre-bagged, or individually pre-dosed supplements (like Smartpak) must be provided by Owner. Stable will not charge extra for administering supplements. A potential additional charge will apply for the Stable to administer medications. List supplements and respective amounts below: \_\_\_\_\_

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Special Requests: (subject to availability and possible additional cost): \_\_\_\_\_

Horse's Name: _____
Horse's Color: _____ Stallion / Gelding / Colt / Mare / Filly (Circle One)
Size: _____ Markings: _____

Turnout Preferences: (subject to availability and possible additional cost):

Alone or with other horses? \_\_\_\_\_

Blanketing Instructions:

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Other Requests (subject to availability and possible additional cost):

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THE INFORMATION ON ALL THREE PAGES OF THIS BOARDED HORSE INFORMATION FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Date Received by Boarder _____
_____ Signature of Boarder on Date Received
Date Agreed/Consideration Received _____
_____ Signature of Boarder on Date Agreed

**MEDICAL HISTORY OF PARTICIPANT**

Allergies: \_\_\_\_\_ Contact Lenses: \_\_\_\_\_  
Date of Last Tetanus Shot: \_\_\_\_\_ Medications taken: \_\_\_\_\_  
Other (including relevant injuries and all equine related injuries): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (use reverse if needed).

**RELEASE BY ADULT PARTICIPANT FOR MEDICAL TREATMENT**

If emergency medical care is required for myself and if neither I, nor an accompanying spouse or adult relative, is able to convey authority to administer such treatment in a timely manner, I hereby waive my right of informed consent and unconditionally grant Hidden Creek Stables LLC and its officers, owners, directors, employees and agents (together, the "Stable") complete and unquestioned authority to summon and authorize the administration of emergency medical care as deemed appropriate by emergency medical personnel, a physician, and/or any medical facility providing treatment, and I further authorize such medical personnel and/or facility to administer such treatment to me. I agree and warrant that I shall be solely responsible to pay all costs relating to all such care and/or treatment, and shall indemnify, hold harmless and defend the Stable for any actions they may take or fail to take in obtaining, or attempting to obtain, emergency medical treatment for me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

MEDICAL HISTORY OF PARTICIPANT

Allergies: \_\_\_\_\_ Contact Lenses: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_ Medications taken: \_\_\_\_\_

Other (including relevant injuries and all equine related injuries): \_\_\_\_\_

\_\_\_\_\_ (use reverse if needed).

RELEASE BY ADULT PARTICIPANT FOR MEDICAL TREATMENT

If hereby represent and warrant that I am the parent and/or legal guardian of the minor child named at the top of this form ("Child") and that I possess full legal authority to make medical decisions on the Child's behalf. If emergency medical care is required for the Child, and if neither I, nor an accompanying spouse or adult relative, is able to convey authority to administer such treatment in a timely manner, I hereby waive my, and Child's, right of informed consent and unconditionally grant Hidden Creek Stables LLC and its officers, owners, directors, employees and agents (together, the "Stable") complete and unquestioned authority to summon and authorize the administration of emergency medical care to the Child as deemed appropriate by first responders, emergency medical personnel, a physician, and/or any medical facility providing treatment, and I further authorize such personnel and/or facility to administer such treatment to the Child. I agree and warrant that I shall be solely responsible to pay all costs relating to all such care and/or treatment, and shall indemnify, hold harmless and defend the Stable for any actions they may take or fail to take in obtaining, or attempting to obtain, emergency medical treatment for the Child.

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

(Parent or Legal Guardian)

Printed Name: \_\_\_\_\_

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

(Parent or Legal Guardian)

Printed Name: \_\_\_\_\_

**Hidden Creek Stables, LLC**  
**9275 Floyd Highway N.**  
**Copper Hill, Virginia 24079**  
**540-206-4166**

**BOARDING AGREEMENT**

Hidden Creek Stables LLC agrees to provide stable space and the following enumerated services for one horse (or pony) for the undersigned owner for the fee and charges set forth.

Hidden Creek Stables LLC will provide full care stall board and field board, which consists of:

- Feed and water in the morning and evening.
- Any supplements and medications will be given as directed by owner. All supplements will be prepackaged (i.e. sandwich bags or Smartpaks). Medicine will be organized into daily pill organizer.
- Worming program as needed after spring and fall fecal egg count, to be done by veterinarian.
- Use of a designated stall and daily cleaning of that stall.
- Turning in and out of pasture.
- Use of riding ring, except during scheduled lessons and classes.
- Use of boarders tack room to keep no more than two saddles per horse.
- An emergency use stall will be available for one (1) week if needed. If emergency stall is needed for more than one (1) week stall board will apply.

The undersigned owner agrees to pay Hidden Creek Stables LLC the sum of \$400.00 per month, in advance of such full care board, and \$250.00 in advance of such field care board. **Payments made after the 1<sup>st</sup> day of the month shall be increased by a late charge of \$10.00 per day.**

In the event that the board money should become thirty (30) days in arrears, Hidden Creek Stables LLC will notify the undersigned owner of such arrearage by First Class U.S. mail letter, (not registered or certified), addressed to the undersigned owner at the address shown heron or at such other address as may have been received in writing by Hidden Creek Stables LLC from the undersigned owner prior to the mailing of such notice. In the event that the board money shall become sixty (60) days in arrears, the undersigned owner agrees that Hidden Creek Stables LLC shall have the right to consider the boarded horse or pony, for which such board money is in arrears, as abandoned and thereafter, Hidden Creek Stables LLC may sell, give away, use or otherwise exercise complete dominion over said horse or pony without any obligation of any kind to this undersigned owner.

Before Hidden Creek Stables LLC accepts any horse or pony for boarding the owner shall:

- Furnish to Hidden Creek Stables LLC written evidence of the fact that the horse or pony has had a Coggins test with satisfactory results within the preceding one year and written evidence of basic immunizations required by Hidden Creek Stables LLC.



- All horses or ponies boarded at Hidden Creek Stables LLC must have blacksmith care every (8) eight weeks. Hidden Creek Stables LLC in the absence of such care provided by the owner, may provide such care at the expense of the owner. Written evidence of such care shall be provided by Hidden Creek Stables LLC to the owner.
- Hidden Creek Stables LLC reserves the right to call a veterinarian to provide care to any boarded horse or pony at the owner's expense at any time such care is desirable in the sole judgment of Hidden Creek Stables LLC.
- Hidden Creek Stables LLC is not responsible for damaged, lost or stolen personal effects or personal injury to any person present on its premises or any injury to boarded horses or ponies.
- Hidden Creek Stables LLC may require removal of any horse or pony boarded at any time. Adjustment of board money to the date of such removal shall be made.
- Any person, including owner, may be asked to leave the premises at any time, if necessary in the sole judgment of Hidden Creek Stables LLC for proper cause, such as, but not limited to, improper use of alcoholic beverages, drugs, profanity, undesirable behavior towards animals or failure to provide proper care of the owner's horse or pony.
- The undersigned owner is responsible for any damage done by the owners horse or pony and will pay the cost of any repair or injury within (15) days after the bill for the same is presented.
- No children under (16) year of age shall be permitted on the premises without direct and immediate adult supervision.

Hidden Creek Stables LLC is open daily to owners from 8:00 AM to 8:00 PM except with permission from Jessica Schaaff at each occurrence.

The owner and other persons lawfully on the premises will also abide by such other rules and regulations as may be promulgated from time to time as the need or desirability of the same become evident to Hidden Creek Stables LLC.

The undersigned owner having read the Board Agreement and agrees there to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Owner (Signature)

\_\_\_\_\_  
Witness (Signature)

\_\_\_\_\_  
Owner (Name Printed)

\_\_\_\_\_

Address

\_\_\_\_\_

Home Phone

\_\_\_\_\_

Work Phone

\_\_\_\_\_

Cell Phone

\_\_\_\_\_

Name of Horse

\_\_\_\_\_

Breed

\_\_\_\_\_

Sex

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Height

\_\_\_\_\_

Color and Markings

\_\_\_\_\_

Veterinarian preference

\_\_\_\_\_

Phone

\_\_\_\_\_

Insurance Information

Farrier preference Information

\_\_\_\_\_

Phone

\_\_\_\_\_

**Hidden Creek Stables LLC**

**Addendum to Standard Boarding Agreement**

As stated in the Boarding Agreement, Hidden Creek Stables LLC reserves the right to call in a veterinarian to provide care to any boarded horse or pony at the owner’s expense at any time such care is desirable in the sole judgment of Hidden Creek Stables LLC. Hidden Creek Stables LLC will make every effort to contact the owner immediately regarding the need for veterinary care. If unable to contact owner \_\_\_\_\_,

name of owner (please print)

or the below listed representative of owner, owner agrees to allow Hidden Creek Stables LLC to accept extended veterinary care on behalf of the owner up to the amount of

\$\_\_\_\_\_ for the care and welfare of owner’s horse or pony

\_\_\_\_\_. The owner further agrees to pay all veterinary

name of horse or pony (please print)

fees immediately upon receipt of bill. If the amount of projected veterinary care goes above

\$\_\_\_\_\_, or the most humane decision is to euthanize the animal, you, the owner,

agree to give Hidden Creek Stables LLC the authority to proceed with that course of action.

I have read this document, understand its terms and agree to all of the conditions as stated in this agreement. I execute it voluntarily and with full knowledge of its significance.

In witness whereof, I have executed this release on this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_

Owner’s Signature

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number:

Home: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_

Additional #'s: (\_\_\_\_) \_\_\_\_\_

Owner’s representative :( please print)

\_\_\_\_\_

\_\_\_\_\_

Owner of:

Hidden Creek Stables LLC

9275 Floyd Highway N.

Copper Hill, Virginia 24079

540-206-4166

Insurance Information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address:

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Phone Number:

Home: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_

Additional #'s: (\_\_\_\_) \_\_\_\_\_

Veterinarian

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Phone Number:

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**Hidden Creek Stables LLC**  
**9275 Floyd Highway N.**  
**Copper Hill, Virginia 24079**  
**540-206-4166**

**RELEASE OF CLAIMS FOR ADULTS**

I, the undersigned, hereby request permission to enter Hidden Creek Stables LLC and to participate in horseback riding lessons and activities. I know there are risks and dangers involved in such activities, and that may arise during such activities, and I assume all risks of injury that may be sustained in connection with associated activities.

In consideration of the permission granted to me and my charges to enter the premises and participate in the horseback riding lesson program and activities, I hereby release and discharge the owners, operators, agents, and employees of Hidden Creek Stables LLC from all claims, demands, actions and causes of action which I, my heirs, executors, administrators, and assigns, may have for injuries sustained during my presence on the premises and my participation in stated and associated activities.

I hereby give my permission to the agents of Hidden Creek Stables LLC to obtain and administer such immediate medical aid or assistance as might be required to care for me in a medical emergency. In no event will I hold Hidden Creek Stables LLC, or its agents, liable for any FIRST AID rendered, drugs or medicine administered, or surgical procedures performed pursuant to this consent.

Please specify any special needs we should be aware of: (i.e.: allergies, medications, medical needs or conditions etc). \_\_\_\_\_  
\_\_\_\_\_

I HAVE READ THIS RELEASE AND UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.  
In witness whereof, I have executed this release on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Spouse/Partner

\_\_\_\_\_  
Phone (cell/home) (work)

\_\_\_\_\_  
Phone (cell/home) (work)

\_\_\_\_\_  
Address

**Hidden Creek Stables LLC  
9275 Floyd Highway N.  
Copper Hill, Virginia 24079  
540-206-4166**

**RELEASE OF CLAIMS FOR MINORS**

I, the undersigned, as parent or guardian of \_\_\_\_\_ hereby request permission for my above-named child to enter Hidden Creek Stables LLC and to participate in horseback riding lessons and activities. I know there are risks and dangers involved in such activities, and that unanticipated and unexpected dangers may arise during such activities, and I assume all risks of injury to my child that may be sustained in connection with associated activities.

In consideration of the permission granted to me and my charges to enter the premises and participate in the horseback riding lesson program and activities, I hereby release and discharge the owners, operators, agents, and employees of Hidden Creek Stables LLC from all claims, demands, actions and causes of action which I, my heirs, executors, administrators, and assigns, may have for injuries which my child, myself, and my charges may sustain during my presence on the premises and my participation in stated and associated activities.

I hereby give my permission to the agents of Hidden Creek Stables LLC to obtain and administer such immediate medical aid or assistance as might be required to care for me/my child or charge in a medical emergency. In no event will I hold Hidden Creek Stables LLC or its agents liable for any FIRST AID rendered, drugs or medicine administered, or surgical procedures performed pursuant to this consent.

Please specify any special needs we should be aware of: (i.e.: allergies, medications, medical needs or conditions etc). \_\_\_\_\_

I HAVE READ THIS RELEASE AND UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

In witness whereof, I have executed this release on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Parent/Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_

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

**Hidden Creek Stables LLC**  
**9275 Floyd Hwy. N**  
**Copper Hill, Virginia 24079**  
**540-206-4166**

Transportation Release of Claims

I, the undersigned, hereby release and discharge the owners, operators, agents, and employees of Hidden Creek Stables LLC from all claims, demands, or actions for any accident or injury to my horse or pony(s) while being transported by Hidden Creek Stables LLC. Hidden Creek Stables LLC will not be held responsible for damaged, lost or stolen personal effects or personal injury to any person present. The undersigned owner is responsible for any damage done by the owners horse or pony to equipment or property of Hidden Creek Stables LLC and will pay the cost of any repair or injury within (15) days after the bill for the same is presented.

I, HAVE READ THIS RELEASE AND UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

In witness whereof, I have executed this release on this \_\_\_\_\_ day \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name of Owner

\_\_\_\_\_  
Address  
\_\_\_\_\_  
\_\_\_\_\_

# Hidden Creek Stables LLC

## Barn Rules

**HOURS:** The Stable is open to owners seven days per week: 8:00 AM – 8:00 PM, but may be closed periodically by Stable management during inclement or severe weather events for the protection of owners and horses, or for other reasons at Stables discretion.

**LESSONS:** Please notify your instructor at least 12 hours in advance if you cannot attend a scheduled lesson or class. The ring time, horse and instructor have been reserved for your use. There will be a charge for any lesson if the Stable is not notified in a timely manner that you will be absent.

**No person may act as an instructor at the Stable who is not either 1) insured by the Stable, or 2) has submitted written proof of independent insurance.**

**CHILDREN:** No one shall leave a minor under the age of 16 unattended on the Stables property. Minors under the age of 16 (hereinafter referred as “Children”) must be under the direct supervision of a responsible adult at all times.

- A. No children may play in/on the hay bales.
- B. All riders under 18, must wear AN ASTM APPROVED HELMET at all times while on horseback.
- C. Minors between the ages of 16 and 18 must have an emergency contact phone number listed in the office to ride in the absence of a parent or guardian.

**LEASES:** No horse may be leased out by a boarder without the express approval of Stable management. This is to ensure that the Stable knows the person who is coming onto the property. The Lessee’s name and contact information shall appear on the Boarded Horse Information Form for that horse. It is the Owners responsibility to provide the Lessee with a copy of the Stable’s Rules and to have the Lessee deliver a Liability Waiver and Release to Stable management. Ultimately, the safety and welfare of the horse remains with the Owner, and not the Lessee.

### **TACK AND BLANKETS:**

- ❖ Do not use anyone’s tack, grooming supplies or any equipment that is not your own without explicit permission to do so.
- ❖ Every horse must have a lead for staff to use when handling and a breakaway halter for turnout, if needed.
- ❖ All halters, leads, boots, sheets and blankets, etc. should be clearly identified and must be maintained by the owners in the designated locations specified by Stable management.
- ❖ If a horse wears boots, they should be hung on the outside of the horse’s stall door or stored in owner’s tack trunk when not in use.
- ❖ ALL TURNOUT BLANKETS must be WATERPROOF and must have name tags.
- ❖ Blanketing instructions for each horse must be clearly stated in the horse’s Boarded Horse Information Form, and should be posted as instructed by Stable management.
- ❖ Do not leave sheets or blankets on the aisle floors while you ride.



- ❖ Stable does not provide laundry service. Owner is responsible for keeping blankets and pads in clean, dry and sanitary condition.

**GENERAL RULES:**

- ❖ Before any person may ride a horse which he or she does not own, a written permission slip from the horse's owner must be delivered to Stable management
- ❖ The Stable is not responsible for lost or stolen articles/personal possessions.
- ❖ All riders or persons handling a horse must sign a release before riding and/or boarding any horses in any way. Boarders are responsible for having guests sign releases which are available in the tack room.
- ❖ **NO** smoking allowed in or near the barn, hay storage or lounges at any time.
- ❖ **NO** Dogs or pets on the property. (They may remain in the car, at all times, with a window open).
- ❖ The speed limit on the property is **5 MPH** for the safety of horses, riders and children
- ❖ Children 16 and under must be supervised by an adult at all times
- ❖ All boarder, lesson students, and guests under the age of 18 are required to wear an ASTM/SEI approved helmet when mounted on a horse (NO EXCEPTION) for pleasure and instruction.
- ❖ Long pants and riding boots with a heel must be worn for riding.
- ❖ Clean up after your horse and yourself. There are trash containers, shovels, brooms and muck buckets available for the disposal of manure, shedded hair, hoof cleanings and general refuse in the aisle, extra stall, outdoor arena and outdoor grounds.
- ❖ Grain and supplements supplied by the owner should be given to the manager or stable owner. Supplements have to be premeasured for the ease of daily feeding. (i.e. Smartpaks or plastic bags)
- ❖ Please do not leave your horse unattended in any area including riding arena.
- ❖ If you don't do it at home....don't do it at the Stable. Common sense and courtesy at all times.

I HAVE READ AND FULLY UNDERSTAND THE AFORESAID RULES, AGREE TO ABIDE BY THEM AS AMENDED FROM TIME TO TIME, AND WILL BE RESPONSIBLE FOR MY FAMILY'S AND GUESTS' AWARENESS AND COMPLIANCE WITH THESE RULES.

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

Printed Name: \_\_\_\_\_

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

(Parent or Legal Guardian)

Printed Name: \_\_\_\_\_

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

(Parent or Legal Guardian)

Printed Name: \_\_\_\_\_

