



Horse Care Agreement

Name _____ Phone # _____
Email _____ City/State _____
Horse _____

Breeding: Horses may not be bred unless there is written consent from both the Camp Director and the Horsemanship Director/Head Wrangler.

Care: Regular **trimming or shoeing every 6-8 weeks, de-worming every other month,** and vaccines in the spring. This also includes any extra veterinary care that may be needed.

Feeding: The horse should be feed in a way that maintains it at its ideal weight.

Fences: Must be at least 3 ½ feet high and a visible barrier to the horse.

Injury and or Death: If the horse is injured so that it is no longer serviceably sound or dies from neglect while under your care the above person is responsible for compensating Big Lake Youth Camp or helping to replace the horse for the estimated value.

Liability: When caring for a horse some risk is understood to be involved. Big Lake Youth Camp is not liable for any property damage or personal injury resulting from the care and use of our horse while under the care of the above person.

Shelter: West of the Cascades; a roof and at least 2 walls to block any precipitation, wind, and to provide shade. East of the Cascades; a 2 sided shelter to block the wind, or a 15 foot or more tree for protection from precipitation and shade.

Tack: Needs to be kept in a dry place, and be cleaned and oiled as needed. If any of the equipment is damaged or broken beyond use for any reason it will be replaced at your expense.

Tack on loan: _____

Training: The horses have all been through Level 1 working on Level 2 of Parelli Natural Horsemanship's program. It is important to continue a natural partnership style of training so the horses do not become sour or fearful of people's interactions with them.

By signing this agreement it is understood that the above person has read this document. Big Lake Youth Camp reserves the right to visit, observe and remove the horse if any conditions do not meet the standards outlined above in this agreement.

Horsemanship Director _____

Care Provider _____ Date _____