

TANANA DISTRICT



4-H HORSE PROGRAM

# EQUINE FEEDLEASE AGREEMENT

I, (lessee) \_\_\_\_\_ agree to the following terms of (lessor) \_\_\_\_\_ for temporary use and custody of (horse's name) \_\_\_\_\_ . While in my care, I agree to be responsible for said horse's hoof care (trimming and shoeing), healthcare (regular deworming, shots), and veterinary care in the event of injury or illness. I agree to provide adequate feed and water (free choice) to maintain a healthy body weight for the activities I will be using said horse. I agree to provide a safe and healthy shelter and containment for said horse. I agree to hold the lessor harmless for any and all injuries, damage or loss incurred by myself, my possessions or property involving said horse while in my care.

I, (lessor) \_\_\_\_\_ agree to give temporary use and custody of (horse) \_\_\_\_\_ to (lessee) \_\_\_\_\_ from (date) \_\_\_\_\_ to (date) \_\_\_\_\_. I will not hold the lessee responsible for the injury or loss of said horse in the event of unpreventable illness or unavoidable, accidental death. \_\_\_\_\_

**Description and registration of said horse:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Feed Program:**

Morning: \_\_\_\_\_

Midday: \_\_\_\_\_

Evening: \_\_\_\_\_

Additives or vitamins: \_\_\_\_\_

**Hoof care:** Trims or shoeing at \_\_\_\_\_ week intervals.

**Deworming** at \_\_\_\_\_ week intervals.

**Vaccinations,** namely \_\_\_\_\_ at \_\_\_\_\_ week intervals.

**Restrictions,** if any \_\_\_\_\_

Signatures: Lessee \_\_\_\_\_ Date \_\_\_\_\_

Lessor \_\_\_\_\_ Date \_\_\_\_\_