



Worcester County 4-H Center, Inc.

92 McCormick Road • Spencer, Massachusetts 01562

Telephone (508) 885-4891 Fax (508) 885-0119

www.campmarshall.net



Dear Horse Owner:

As we prepare for our upcoming camp season, we would like to first thank you for donating for your interest in leasing your horse(s) to us this year!

We would like to take this opportunity to go over our policies set forth for potential lease horses for our 2016 summer equestrian program.

1. Horses who have never been to camp before will be evaluated prior to coming to camp by our equestrian program staff. Horses need to be seen on the ground and under saddle to ensure safety for our riders. A personal interview with the owner prior to being accepted into our program is essential to ensure that the horse is the right fit for our riders and for the horse.
2. If the program staff agree that the horse is suitable, a lease agreement will be filled out by the owner with all information to insure that the horse is being used and fed as requested by the owner. **Please fill this out with as much detail as possible!**
3. The complete care of the horse including feed, bedding, care, one (1) shoeing or trimming, worming, and up to \$1,000 in emergency vet care if needed. Camp Marshall offers a 50% voucher per horse for a child to come to a week of camp.
4. Once the lease forms are received at our camp office and confirmed by our program directors you will be notified that your horse is accepted into the summer program.
5. Please see the details on what vaccines are needed for your horse to come to camp. Horses should arrive to camp with all up to date vaccines and a current coggins. Horses will not be allowed off the trailer unless all required information has been received by the camp office.
6. If trucking is needed, camp will arrange to have your horse moved to our camp location, and returned when your horse goes home.
7. Horses that arrive at camp must be in the same condition as they were when viewed by the program directors. Horses will then be evaluated for at least one week prior to camp opening. This will be done by our program directors to ensure the safety of our riders and the horse. If for some reason the directors feel the horse is not suitable for the program, the owner will be notified and the horse will be sent home. Please understand safety for our riders and the horse are our first priority. In the past, horses that arrive at camp have occasionally acted completely different than what they were like at home. This is an important factor to understand.
8. During the program if the horse begins to have issues with lameness or behavior issues, camp reserves the right to send the horse home prior to the end of camp, as the welfare of the horse and the safety of our riders are our first concern.
9. Horses should be up to date on worming, teeth floating, shoeing and or trimming. Camp will be responsible for care of horses while under our care as outlined in the lease contract.
10. Once you have read the above information and reviewed the lease contract, if you are interested in your horse being evaluated please call or email us to setup an appointment. We will be evaluating horses starting in mid April.

We at Camp Marshall once again thank you for considering sending your horse to camp for our summer program. We appreciate your support of our summer campers! If you have any questions or concerns please feel free to call us at 508-885-4891 or email campmarshallassistant@gmail.com.

SUMMER CAMP LEASE OF HORSE AGREEMENT

This is an agreement for LEASE OF A HORSE between Worcester County 4-H Center, INC. and

Owner: _____

Address: _____

Horse Name: _____

Running from the day of _____ until _____.

Worcester County 4-H Center, Inc. provides that between those dates we will be completely responsible for the care and maintenance of (horse name) _____ including one farrier visit and emergency veterinary care up to \$1,000.00 if needed.

This agreement is for the use of above horse(s) in a summer camp for children under the supervision of Equestrian program director, barn manager, assistant barn manager and riding instructors. Horses are used in a camp program and are covered under the camp's liability insurance.

The Worcester County 4-H Center, Inc. does not hold mortality insurance on horses donated, and therefore it will be to the owner's benefit to insure the horse according to his or her discretion. In the event of injury or illness of the horse, camp will cover veterinary bills up to \$1,000.00 per horse.

All donated horses are required to come to camp up to date on vaccinations including a current coggins (within 6 months for out of state and 1 year for in state).

Required immunizations:

- Negative Coggins test within 1 year in-state or 6 months out-of-state
- Strangles
- Eastern Equine Encephalitis/Western Equine Encephalitis
- Tetanus
- Rabies
- Influenza
- Rhinopneumonitis

There are no exceptions and any horse that has not been properly vaccinated will not be allowed at our facility.

Please note that while Potomac horse fever and West Nile Virus are not contagious diseases, for the safety of the horse we strongly recommend that horses receive these vaccines as well. If either of these vaccines is not administered please fill out the vaccine waiver attached.

Owner must provide a copy of Veterinary inspection with this lease agreement which will be placed in the horse's file in the camp office.

Upon arrival at camp, horses will be inspected for general health and condition, with any current injuries or health problems recorded.

CAMP HORSE LEASE FORM (1 form per horse)

General Information

Horse Name: _____

Breed: _____ Age: _____ Sex: _____

Owner Information

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact

Name: _____ Phone: _____

Feeding Information

Grain (Please include brand name, amount and # of feedings per day)

Hay _____

Supplements (provided by owner)

Medications (provided by owner)

Horse Use Information

Suitable Level of Rider: Beginner Intermediate Advanced

Recommended Use (W/T only, jumping height, ok on trails etc.)

Recommended Type of Bit _____

Will any tack be provided? (we highly recommend that NO tack is provided) Yes / No

Please list any items sent to camp: _____

Any special equipment required? _____

Stall Manners (Please describe)

Turnout Information

Is horse safe when turned out in groups? (i.e., only ok with mares/geldings etc.)

Does your horse respect electric fencing?

Hoof Care Information

Farrier: _____ Last Visit: _____

Any special Shoeing requirements: _____

Health Information

Veterinarian: _____ Last Visit: _____

In the event that a non-emergency veterinary attention is required, do you wish to maintain the same veterinarian or use the one provided by Camp Marshall?

Please provide Dates for the following:

Coggins: _____

Rabies: _____

Influenza: _____

Strangles: _____

EWT: _____

West Nile: _____

Potomac Horse Fever: _____

Latest worming or fecal count if applicable: _____

Please list any past medical conditions, injuries, or chronic lameness's or issues that we need to be aware of:

Please list any other information that we should be aware of:

Are we permitted to pull your horse's mane? (Sometimes this is an activity we teach our campers in their horsemanship classes): Yes No

This information has been reviewed by the barn manager _____
Date

Signature of Horse Owner

Print Name of Owner

Date

Signature of Barn Manager

Print Name of Barn Manager

Date

VACCINE WAIVER

Please note that while Potomac Horse Fever and West Nile Virus are not contagious diseases, for the safety of the horse we strongly recommend that horses receive these vaccines as well. If either of these vaccines is not administered please fill out the vaccine waiver.

I, _____, owner of the horse named
_____ agree to take full responsibility for
the fact that my horse may become infected with Potomac Horse Fever or West Nile
virus while at Camp Marshall and agree not to hold Camp Marshall, Worcester County
4-H, Inc., all of its employees, and its affiants responsible should my horse contract any
of these diseases. I understand the risk if I choose not to immunize my horse for
Potomac Horse Fever or West Nile Virus.

Owner Signature

Date