

Camden Hills Equine Inn

PO Box 126 318 Beach Rd. Lincolnville, ME 04849
207-542-9660 cell phone 207-789-5860 ph and fax

Short Term Boarding Form

(Please complete for each horse)

Arrival date _____ Departure date _____

NAME _____ HOME PHONE _____
ADDRESS _____ CELL PHONE _____
TOWN _____ STATE _____ ZIP CODE _____
EMAIL ADDRESS _____

HORSE'S NAME _____ AGE _____
GENDER _____ SHOD _____ (yes/no) COGGINS _____ (Please supply copy)

Daily Rates

Check In – noon or later Check Out – before noon

DAY TRIPPERS – (must have reservations and health papers) \$15 per trailer

DELUXE PACKAGE – Includes - box stall, hay, shavings, a few hours pasture turnout, morning and evening feedings and mucking - \$50 _____

PREMIUM PACKAGE – Includes – box stall, morning and evening feedings, limited paddock turnout - \$35 _____*

STANDARD PACKAGE - Includes – bare box stall only. No turnout, no care \$25 _____*

*Owner responsible for supplying hay and shavings. Owner mucks out at least once daily and leaves stall clean.

ON PREMISES CAMPING - nightly fee per trailer (1 hookup area available) \$15 _____

Customized Guided rides - priced upon request

_____ Nights X \$ _____ = \$ _____ 1st night deposit (nonrefundable) \$ _____

Balance due upon arrival (cash or check only) \$ _____

STATEMENT OF INHERENT RISK –

- A – The propensity of an equine to behave in ways that may result in injury, harm, or death to persons on or around the equine;
- B- The unpredictability of an equine's reaction to such things as sounds, sudden movements and unfamiliar objects, persons or other animals;
- C – Certain hazards, such as surface or subsurface conditions;
- D – Collisions with other equines or objects; and
- E – The potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant's ability.

WARNING: UNDER MAINE LAW, AN EQUINE PROFESSIONAL HAS LIMITED LIABILITY FOR INJURY OR DEATH RESULTING FROM INHERENT RISKS OF EQUINE ACTIVITIES.

CARE, CUSTODY AND CONTROL OF YOUR HORSE IS RESPONSIBILITY OF

(participant) _____ SIGNED _____ Date _____