

Authorization Form and Contract to Transport

Equine Transport Inc. 2345 Rascal Lane, Nanoose Bay, BC V9P 9L6 250-954-9398

OWNER Information

Name: _____ Phone: _____ Cell: _____

Pick-Up Information

Name: _____ Barn name: _____ Cell: _____

Address: _____ City: _____ Prov: _____ Code: _____

Accessibility: Is Pickup location truck and trailer friendly? ___ Yes ___ No ___ Don't Know

Delivery Information

Name: _____ Barn name: _____ Cell: _____

Address: _____ City: _____ Prov: _____ Code: _____

Accessibility: Is Dropoff location truck and trailer friendly? ___ Yes ___ No ___ Don't know

Horse Information

Name: _____ Age: _____ Sex: _____ Breed: _____ Color: _____ Size _____

Temperament: _____ Loading/Transport Experience: _____

Known Vices: *circle if applies* Bites Kicks Pulls Back Does Not Tie Weaves Paws None

Please be forthright about the horse's experience and temperament. This information allows us to plan our timing, as well how we will approach loading and transporting your horse.

Medical Info: _____

All horses must be healthy and up-to-date on Vaccines. Proof may be requested

Additional Info: _____

PAYMENT:

Transportation Cost \$ _____

Tack: \$ _____ Tack Trunk Saddle(s) Pails Bags Feed Leads Blanket(s) Boxes Hay (___ bales)

Total: \$ _____

Deposit: \$ _____

Balance Due at Delivery \$ _____ **Final Payment is due UPON delivery**

Payment Options; Cash, Cheque, Etransfer (sent to equinetransportinc@shaw.ca) or Credit Card (3.5% service fee).

Authority:

I authorize the transportation of my horse(s) for the cost indicated. I understand that all professional care will be taken to provide for the safety of my horse(s) and authorize vet care at my expense if needed.

Signature(Owner, Agent): _____ Date: _____

The owner agrees:

A. Owner will maintain (and provide proof of if requested) current horse mortality insurance,

_____ (Owner's initials)

B. Owner elects not to carry horse mortality insurance and assumes ALL risks therein (to include, but limited to injury, death, illness or disease, physical damage or harm).

_____ (Owner's initials)

Value of Horse(s)

Owner will: (1) pay the Transporter the total for the transport of the aforementioned horses (s) from/to the locations indicated above; and (2) for all veterinary services, drugs and other medical supplies in the event of an emergency or as the Transporter deems necessary for the well-being of the aforementioned horse (s)

Transporter shall be entitled to a lien against the transported horse (s) for the value of the services rendered and shall be entitled to enforce said lien in accordance with appropriate laws.

The rate you are quoted is for door to door delivery and care of your horse (s). However, surcharges may apply for any of the following:

- A change of pick-up or delivery location from that quoted may be subject to a surcharge after review.
- Waiting time at a barn for the pick-up or delivery person will be charged at a rate of per hour after the first 30 min. of waiting.
- A "hard loader fee" of per hour will be applied after the first 60 min. of attempted loading or unloading.
- Any damage to the trailer or equipment caused by your horse, we will (fairly) estimate the cost of repairing the damage at delivery and this amount must be paid PRIOR to unloading your horse(s). If the actual cost is more or less than that, we will supply you with the written estimate or bill from the repair facility and make adjustments with you.
- Additional board during transport – as per discretion of Equine Transport Inc.

Cancellations Within 24 hours of the scheduled departure - 25% of the total shipping fee.

Transporter will use due diligence to safely transport and care for the aforementioned horses (s) , but makes no guarantees as to the health or physical condition of the horse(s) upon departure or arrival.

In the event the horse(s) require the services of a veterinarian, the Transporter will immediately notify the Owner. In the event the owner cannot be reached, the Transporter is hereby authorized, as agent for the Owner to call the first available licensed Veterinarian of his/her choice. All fees charged by said Veterinarian shall be the sole and exclusive responsibility of the Owner, with no liability whatsoever on the transporter for such fees.

ENTIRE AGREEMENT:

Owner understands that this is the entire agreement between the Owner and the Transporter, its agents, or employees, and it supersedes and cannot be modified or changed in any way the representations or statements of any employee or agent of the Transporter or Owner.

My signature below indicates that I have read this entire document, understand it completely, and agree to be bonded by its terms in its entirety.

_____ **Owner** _____ **Date**

Sent in Good Order By; _____	Driver's Initial _____
Received in good order By; _____	Driver's Initial _____

RECEIPT **EQUINE TRANSPORT INC.** **250-954-9398** **GST#805863586RT0001**
PO Box 1245, Parksville, BC V9P 2H2 Canada **DATE** _____

RECEIVED FROM; _____

THE SUM OF; _____

Transport Paid via _____ **CASH** _____ **CHQ** _____ **ETRANSFER** _____ **CREDIT CARD**

SIGNED; _____