



USDA CEM Quarantine Agreement

I. Owner Information

Owner's Name: _____

Owner's Address: _____

Owner's Telephone: (_____) _____
(_____) _____

Owner's Email: _____

Primary Contact if other than owner: _____

II. Description of Horse

A. Name: _____

B. Breed: _____

C. Age: _____

D. Sex: _____

E. Color and Markings: _____

F. Is the mare in foal? _____; or a foal at side? _____

G. Pre-existing medical conditions: _____

III. Terms of Care

Ocean State Equine Associates will provide standard CEM quarantine for the horse described herein in accordance with state and federal regulations, including all state veterinarian costs and expenses and all private veterinarian costs and expenses associated with standard CEM

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11 Winsor Ave, North Scituate, RI 02857
Phone: 401-766-6578 Fax: 401-769-6375
www.oceanstateequine.com

protocol. A qualified veterinarian routinely inspects all horses upon arrival. This initial health inspection will initiate the CEM quarantine protocol. Any adverse findings of the horse's condition will be immediately disclosed to the owner.

Mares will be quarantined for approximately 15-17 days.

Stallions will be quarantined for approximately 35-45 days.

IV. Costs

A. Mares: Owner agrees to pay a Contract Price of \$2300.00 for the quarantine period of one mare. This includes: daily board, individual turnout, the initial inspection made by a State or Federal veterinarian upon arrival, as well as all costs associated with USDA mandated CEM quarantine protocols.

The Contract Price is for standard CEM quarantine protocol only. Any and all extraneous veterinary work, including but not limited to, an extended quarantine period, additional cultures, sedation (if the attending veterinarian deems in necessary for staff or patient safety) or emergency services are not included in the contract price and will be itemized and billed to the Owner.

Any Additional Services will be itemized and charged according to the terms in paragraph C, and will be billed in addition to the above costs for quarantine.

B. Stallions: Owner agrees to pay a Contract Price of \$6000.00 for the quarantine period of one mare. This includes: daily board, individual turnout, the initial inspection made by a State or Federal veterinarian upon arrival, as well as all costs associated with USDA mandated CEM quarantine protocols.

The Contract Price is for standard CEM quarantine protocol only. Any and all extraneous veterinary work, including but not limited to, an extended quarantine period, additional cultures, sedation (if the attending veterinarian deems in necessary for staff or patient safety) or emergency services are not included in the contract price and will be itemized and billed to the Owner.

Any Additional Services will be itemized and charged according to the terms in paragraph C, and will be billed in addition to the above costs for quarantine.

In the event that a stallion tests positive for CEM, the Owner agrees to pay for the replacement of two test-mares. This requires young to middle-aged, well-handled, serviceably sound, grade-bred horse mares. The total expense could be up to but not exceed \$5,000.00.

C. Additional Services: Ocean State Equine Associates can provide customized care by offering the following additional services during the quarantine period; check all that apply:

- Lunging - \$30
- Exercise under saddle - \$60
- European Walker - \$10
- Individual turnout – no charge
- Other special requests (ie: vaccinations, coggins, blacksmith, ...)

D. Mortality or Loss of Use Insurance

Insurance Company: _____

Policy Number: _____

Coverage includes: _____

Emergency phone number for notifying carrier: (____) _____

Any special provisions: _____

V. Release of liability

The Owner hereby agrees to release and to hold harmless Ocean State Equine Associates, their agents, employees, officers, directors, owners, and representatives against any and all liabilities, claims, damages, actions, suits or causes of action arising out of or associated with any injury, loss, death or property damage sustained by Owner, its principals, owners, directors, agents, officers, employees, representatives or any third parties, including but not limited to

veterinarians, farriers, equine professionals, guests, invitees or trespassers on the premises at the direction or request of Owner.

VI. Indemnification

The Owner hereby agrees to indemnify and to hold harmless Ocean State Equine Associates against any and all liabilities, claims, damages, losses, and expenses which Owner may incur or be required to pay should any claim be brought by a third party as a result of any act, intentional or negligent, or omission on part of the Owner in connection with the use and enjoyment of this facility under the terms of this agreement. Owner agrees to defend Ocean State Equine Associates in any action, suit or proceeding brought by any other party based upon or related to any activities involving the horse herein described while horse was in the custody and under the care of Ocean State Equine Associates, or involving a party who has sustained damage to property caused by horse while horse was in the custody and under the care of Ocean State Equine Associates, whether or not such injury or damage was sustained through no negligence of Ocean State Equine Associates, its employees, agents, owners, or directors. It is hereby agreed that Owner must be given notice of a claim relating to any action relating to horse and the terms of this agreement in a timely manner.

VII. Applicable Law

This contract is entered into in the State of Rhode Island, and the Laws of this State shall apply to the terms thereof.

Under Rhode Island Law, an equine professional, unless he or she can be shown to have failed to be in exercise of due care, is not liable for an injury to, or the death of a participant in equine activities resulting from the inherent risk of equine activities, pursuant this chapter.

VIII. Date of Execution

This agreement is executed on this _____ day of _____ in the year _____ by the parties, or their agents, signing hereto below:

Ocean State Equine Associates Owner
2205 Providence Pike
North Smithfield, RI 02896

PAYMENT POLICY ACKNOWLEDGEMENT

Please initial each statement

- () I understand that payment for all services is due at the time the horse is released from quarantine.
- () I understand that my credit card will be automatically charged for services rendered unless other arrangements are made prior to release from quarantine.
- () Prior to the charge being applied to my credit card, an itemized invoice will be emailed to me and a voicemail will be left indicating the total to be charged.
- () I will receive a copy of the paid invoice for my records.
- () If I should become unable to make timely payment, I will contact Ocean State Equine Associates immediately.

Client Signature _____ Date _____

Client Name (Please Print) _____

CREDIT CARD INFORMATION

Please circle:

M/C Visa Amex Discover

Number: _____ Exp. Date: ____/____

Name as it appears on card: _____ Security Code _____

Signature _____