



AGISTMENT ARRIVAL

(Office Use Only) Client ID:

Form Sequence Number:

Services Updated (Date):

To be completed prior to or on arrival. No change in agistment is to be made without prior arrangement with the office. Please notify the office of any change in address or contact number as soon as possible. This form should be accompanied by a side on photo of the horse. **All horses are to be wormed and yarded for 24 hours on arrival before going into the paddock.** Owners are obligated to conform to the coordinated drenching program. Agistment is payable one month in advance.

DATE OF ARRIVAL:..... (DEPARTURE DATE):.....

NAME OF OWNER OR LESSEE:.....

DRIVERS LICENCE NO:.....

ADDRESS:.....

POSTCODE.....

PHONE: (H)..... (W)..... (M).....

EMAIL:.....

HORSE:

NAME:..... GENDER:.....

HEIGHT..... AGE..... COLOUR.....

MARKINGS.....

BRANDS..... PHOTO (Y / N).....

EMERGENCY CONTACT:.....

PHONE: (H)..... (W)..... (M).....

PREFERRED VET:..... FARRIER:.....

**NATIONAL
EQUESTRIAN
CENTRE**
K·E·R·R·A·B·E·E

OFFICE USE

AGISTMENT: (CHECK AND FILL)

WEEKLY RATE (Charged Each Sunday)

- STABLE NO Condition Rpt Seq No.....*
- SHELTER YARD Condition Rpt Date.....*
- PRIVATE Paddock
- Paddock Name
- Holding Fee
- Lockernumber
- Float License Plate
- OTHER

TOTAL WEEKLY RATE

DEPOSIT PAID: \$..... DATE:.....*

CLEANING DEPOSIT: \$..... DATE:.....*

ACKNOWLEDGEMENT

I hereby acknowledge and understand that while all precautions are taken to ensure the safety of people, horses and property attending the Centre and while every care will be exercised, the proprietors and their employees and agents are not liable in any way for any accident or damage which may occur or happen from any cause whatever and when participating in any of the activities or attending Kerrabee I agree to do so only on this basis and by signing this form I agree to indemnify the proprietors and their employees and agents against any claim or demand whatsoever made for or on my behalf or in respect of any horse or property owned or used by me which includes other persons who may be accompanying me at the Centre.

I understand that all activities on Kerrabee are entirely at my own risk. I have read the agistment guidelines and undertake to comply with these and other directions which may subsequently or separately be given by the Centre. I agree that in the event of arrears of agistment payments of three months my horse(s) will be forfeited to the N Eq C to enable agistment fees to be recovered. **I agree to provide one months written notice or payment in lieu on departure from Kerrabee** and to pay the stipulated accounting fee in the event my agistment payments are in arrears and any costs and fees incurred by the Centre in recovering amounts due.

Signed:..... Date.....

Verified By (NEQC Office):.....

WARNING:Under the Civil Law (Wrongs) Act 2002, an equine professional is not liable for injury to, or the death of, a participant in an equine activity that results from an inherent risk of the activity. This is subject to limitations set out in the Act.

919 Cotter Road
Weston Creek ACT 2611

Ph: (02) 6288 5555
Fax: (02) 6287 4207

http://www.neqc.com.au
help@neqc.com.au