

Authorization Form and Contract for International Transport

DRIVER CONTACT SHAWN: 250-954-9397 ALT. CONTACT: TREENA phone:250-954-9398

Email: equinetransportinc@gmail.com

OWNER Information

Name: _____ Phone: _____

Email: _____ Business Tax ID# or SIN/SS#: _____

Home Address: _____

Pick-Up Information

Name: _____ Barn Name: _____

Email: _____ Contact#: _____

Address: _____ City: _____ Prov/State: _____

Code: _____ Accessibility to Property ___Yes ___No ___Don't Know ___Load on Road

Delivery Information

Req'd by Customs; please provide Business Tax ID or SIN/SS#

Name: _____ Barn Name: _____

Email: _____ Contact#: _____

Address: _____ City: _____ Prov/State: _____

Code: _____ Accessibility to Property ___Yes ___No ___Don't Know ___Load on Road

Horse Information

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

Color: _____ Temperament 1- 10: _____ Loading/Transport Experience: _____

Value of Horse: _____ CAD__ USD__ Country Horse was Born: _____

A copy of Certified Health Certificate, Coggins Report and Bill of Sale needs to be forwarded.

Known Vices: 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.

Additional Information:

PAYMENT:

Quoted Transportation Cost \$_____ *additional charges may be applied as per surcharges below

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

Please Note; All Tack, Blankets, Feed, etc must be listed on the manifest and will be subject to custom charges at the border. We will require a detailed list with the manufactures country for each item.

Total: \$_____

Deposit: \$_____

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

Payment Options; Cash, Cheque, Etransfer (sent to equinetransportinc@gmail.com) 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)**

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.

Rate is subject to change if information has been falsely provided or omitted, resulting in additional time required by driver.

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 adjust with you.
- Additional board during transport – as per discretion of Equine Transport Inc.

Cancellations within 48 hours of the scheduled departure – deposit sent will be retained.

Cancellations on scheduled day of departure – 50% of total shipping fee will be retained.

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

Please email completed Contract to the above email address.

Bookings cannot be confirmed without receipt of Contract and Deposit.