

Authorization Form and Contract for Domestic Transport

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

Email: equinetransportinc@gmail.com

OWNER Information

Name: _____ Phone: _____

Email: _____

Pick-Up Information

Name: _____ Barn Name: _____

Email: _____ Contact#: _____

Address: _____ City: _____ Prov: _____

Code: _____ Accessibility to Property ___ Yes ___ No ___ Don't Know ___ Load on Road

Delivery Information

Name: _____ Barn Name: _____

Email: _____ Contact#: _____

Address: _____ City: _____ Prov: _____

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: _____

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.

Additional Info and Medical Info:

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

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)

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.

