



BUENA VISTA FARM

Carolin von Rosenberg, DVM
11122 West Highway 326 Ocala, FL 34482
352-622-9100 office 352-622-6698 fax
buenavistafarmocala.com

BOARDING AGREEMENT

Buena Vista Farms is a full care facility. Boarding charges are as stated on attached Boarding Fee Schedule:

Owner of Horse(s)/Person Responsible for Payments: _____

DL# _____

Agent/Manager: _____ Phone _____

Horse Name: _____ Board Charge: _____

_____ Board Charge: _____

All invoices are due in full 10 days from the date of receipt. **All accounts MUST have a credit card on file that will automatically be charged on the 10th of each month.** Accounts not paid within terms are subject to a 1.5% monthly finance charge. Accounts not paid in full within 60 days from the due date may be subject to legal fees associated with collection costs. All owners are required to keep an up to date credit card on file. A \$600 deposit will be charged upon horse’s arrival to Buena Vista Farm and applied against the first month’s invoice.

Each horse upon arrival at Buena Vista Farm must have proper identification to be worn at all times. A leather halter and neck strap with nameplate are preferred. All horses are outfitted with leather halters once on property if they did not arrive with one. Cost of leather halter, neck strap, and name plates will be charged directly to the horse’s account if none are provided.

All invoices **must** be paid in full to Buena Vista Farms, Inc. prior to any horse leaving the Buena Vista Farms property. We accept check, cash, bank transfer, pay pal, venmo, and credit cards.

All horses are handled in a safe and professional manner. For and in consideration of Buena Vista Farms, Inc., a Florida Corporation (the farm), facilities, premises, services and/or equipment, the undersigned guest of the Farm, having knowledge of and appreciating the dangers and hazards associated with the stabling and care of the undersigned horse(s) at the Farm and off the Farm premises, hereby voluntarily assumes the risks of those dangers and hazards that may result in the loss of, injury to or death of the undersigned’s horse(s), whether those risks, dangers and hazards are caused in whole or part by the negligence of the Farm, its contractors, agents, employees, Carolin von Rosenberg, or any other person whether on or off the Farm premises. I further agree to release, discharge, defend, indemnify and hold harmless the Farm, its contractors, agents, employees and Carolin von Rosenberg, from any claim, demand, liability, action, suit, loss, cost or expense, including reasonable attorney’s fees, resulting from the loss of, injury to or death of the undersigned’s horse(s) arising out of or in any way connected with the stabling or care of said horse(s) by the Farm, either on or off the Farm premises, whether such a loss, injury, death be caused in whole or in part by the negligence of the Farm, its contractors, agents, employees, Carolin von Rosenberg, or any other person, whether on or off the Farm premises. This release does not affect liability for willful, wanton or intentional torts.

Under Florida law, an equine activity sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risk of equine activities.

By my signature below, I agree and accept to the above charges and statement:

Printed Name Signature Date

Address City, State, Zip

Phone Number: _____ Email: _____



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CREDIT CARD INFORMATION

Client Name: _____

Address: _____

Phone Number: _____

Credit Card (please circle): Master Card Visa Amex Discover
Credit _____ Debit _____

Name on Credit Card: _____

Credit Card #: _____

Expiration Date: _____ / _____

Security Code: _____

Zip Code: _____

Email address: _____

If you do not wish to email this information, please call the office directly at 352-622-9100.



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ADDITIONAL FOALING MARE CONTRACT FOR 2024

Owner: _____

Date: _____

Mare(s):

I consent to having my mare and/or foal sent to a referral equine veterinary hospital in case of foaling complications that cannot be handled at the farm. I understand that Dr. Carolin von Rosenberg and her staff will make all attempts to contact me during this situation, but even if I am not contacted, I will be responsible for all bills incurred, including transportation to/from veterinary hospital.

Owner's Signature

Date

Please list below who should be contacted in case of an emergency as described above. Persons will be contacted in the order listed below.

Name: _____

Phone: _____ *Alt:* _____

Name: _____

Phone: _____ *Alt:* _____

Name: _____

Phone: _____ *Alt:* _____



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MARE INFORMATION SHEET

(Please fill out if your horse is a breeding and/or foaling mare)

Mare's Registered Name: _____ **Barn Name:** _____

YOB: _____ **Color:** _____ **Breed:** _____

To the best of your knowledge, has your mare (please circle):

Been bred before? Yes No

Produced a live foal before? Yes No

Is this mare currently in-foal? Yes No

Last breeding date: _____ Stallion: _____

Do you plan on insuring the foal once it is born? Yes No

Mare's 2023 produce (if applicable):

Foaling Date: _____ Sex: _____ Stallion: _____

Stallion breeding to in 2024: _____

Stallion Contact Information: Farm/Owner's Name: _____

Manager's Phone Number: _____

For non-thoroughbreds: Farm info: methods of breeding available (Frozen, Fresh cooled), days available, etc.

Please list any information relating to status, condition and/or disposition of your mare that you feel is important for us to have on file:

For problem/barren mares, please include any pertinent reproductive history:

Please list your primary Veterinarian's information below:

Name: _____ **Phone:** _____ **Email:** _____

Signature: _____ **Date:** _____



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HORSE INFORMATION SHEET & HEALTH RECORD

Horse's Name: _____ **I.D. #** _____ (Office Use Only)

Sex: _____ **Year of Birth:** _____ **Color:** _____ **Breed:** _____

Sire: _____ **Dam:** _____

Owner: _____

Address: _____

Cell: _____ **Email:** _____

VACCINATION AND WORMING HISTORY: (this year)

Coggins: ___/___/___ **EWT:** ___/___/___ **Flu/Rhino:** ___/___/___ **West Nile:** ___/___/___

Pneumobort K: ___/___/___ **Rabies:** ___/___/___ **Strangles:** ___/___/___

Worming: ___/___/___ (Product & Method) _____

Farrier (Last trimmed): ___/___/___

Special Diet: _____

Is this horse insured? Yes No

If yes, name of company: _____

Policy #: _____

Telephone #: (____) _____ Contact: _____

Please add any other information you would like the staff at Buena Vista Farm to know about your horse:
