

# 4-H HORSE PROJECT LEASE FORM

I, \_\_\_\_\_, hereby lease to \_\_\_\_\_  
4-Her/Lessee

on \_\_\_\_\_  
Animal Description, Registration Number, Name, Age, Breed

Said animal is to be used by \_\_\_\_\_ as a 4-H project for  
Lessee

the year \_\_\_\_\_. \_\_\_\_\_ is to be responsible for all  
Lessee

feed, farrier, and veterinary expenses. Said animal is to be kept trimmed and/or shod properly, wormed at regular intervals, and have all prescribed shots. In case of injury or illness, owner of animal is to be notified immediately. Death or injury of the animal due to negligence on the part of the lessee will make lessee liable for established value of said animal.

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DATE: \_\_\_\_\_

SIGNATURES: \_\_\_\_\_  
4-Her/Lessee

\_\_\_\_\_  
Owner of Animal

\_\_\_\_\_  
Parent

\_\_\_\_\_  
4-H Leader

# EQUINE FEEDLEASE AGREEMENT

I, (lessee) \_\_\_\_\_ agree to the following terms of (lessor) \_\_\_\_\_, for temporary use and custody of (horse's name) \_\_\_\_\_.

While in my care, I agree to be responsible for said horse's hoof-care (trimming and shoeing), healthcare (regular de-worming, shots), veterinary care in the event of injury or illness while in my care. I agree to provide adequate feed and water (free choice) to maintain a healthy body weight for the activities I will be using said horse. I agree to provide a safe and healthy shelter and containment for said horse. I agree to hold the lessor harmless for any and all injuries, damage or loss incurred by myself, my possessions, or property involving said horse while in my care.

I, (lessor) \_\_\_\_\_ agree to give temporary use and custody of (horse) \_\_\_\_\_ to (lessee) \_\_\_\_\_ until (date) \_\_\_\_\_. I will not hold the lessee responsible for the injury or loss of said horse in the event of unpreventable illness or unavoidable, accidental death.

Description and registration of said horse \_\_\_\_\_  
\_\_\_\_\_

Feed Program: A.M. \_\_\_\_\_  
Midday: \_\_\_\_\_  
Evening: \_\_\_\_\_  
Additives  
or Vitamins: \_\_\_\_\_

Hoof-care: Trims or shoeing at \_\_\_\_\_ week intervals

De-worming at \_\_\_\_\_ week intervals

Vaccinations, namely \_\_\_\_\_ at \_\_\_\_\_ week intervals

Activities said horse would be involved in while in care of lessee: \_\_\_\_\_  
\_\_\_\_\_

Restrictions, if any: \_\_\_\_\_

Signatures: \_\_\_\_\_ Date: \_\_\_\_\_  
Lessee

\_\_\_\_\_ Date: \_\_\_\_\_  
Lessor