

# Jackson County 4-H Equine Lease Agreement

(Due at the May Horse Check-In)

## Lessee (4-H Member) reason for leasing equine:

## Lessor (Owner) must be willing to:

Relinquish all rights to train, handle and care for the equine in order for the youth to complete the requirement of a 4-H Equine project. Potential owners should not lease equine they want to ride or show on a regular basis during the term of the lease.

Owner cannot take back the equine prior to the end of the lease unless the 4-H youth agrees to return the horse.

The lease can be terminated by the Extension Educator if Lessee or Lessor is found to be violation of any expectations in the Ohio 4-H Program Guideline for leasing a 4-H Horse Project.

## Additional specifications or limitations:

Can be added by Lessor or Lessee, before lease is signed).

Example(s): Preferred veterinarian, preferred feed, etc.

I (Lessor): Name: \_\_\_\_\_

Street Address/P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Agree to lease:  
(Equine name, registration number-if registered)

To (lessee):

4-HMember Name: \_\_\_\_\_

Street Address/P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Lease start date: \_\_\_/\_\_\_/\_\_\_ Lease end Date: \_\_\_/\_\_\_/\_\_\_

- In the event of death of equine:

Who is responsible for the value of the equine in the event of the death of the Equine?

\_\_\_\_\_

If the Lessee is responsible, how much? (Value) \$ \_\_\_\_\_

Is this covered by insurance? \_\_\_\_\_

- In the event of permanent injury of equine:

Who is responsible in the event of the equine being permanently injured so it cannot be used for show purposes? \_\_\_\_\_

If the Lessee is responsible, how much? (Value) \$ \_\_\_\_\_

Who keeps the equine? \_\_\_\_\_

- In the event the equine is injured by a curable injury:

Who nurses the animal back to health in the event the equine is injured by a curable injury?

\_\_\_\_\_

Who pays vet bills? \_\_\_\_\_

If lessee, what would be the maximum amount expected for Lessee to pay? \$ \_\_\_\_\_

- Where will the equine be housed?

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If this is not the Lessee's address, why?

\_\_\_\_\_  
\_\_\_\_\_

- Who is responsible for the daily care of the equine, to include feed, health care (i.e. worming, vaccinations, etc.), footcare, and/or special stabling requirements made by owner?

\_\_\_\_\_

- List the purpose(s) for which the equine will be used:

\_\_\_\_\_  
\_\_\_\_\_

The equine may be transported, at the Lessee's (4-H member) discretion, to equine shows and other equine activities.

The Lessor (owner) cannot use the equine for any purpose that would violate any rule in the current Uniform Rules for 4-H Horse Shows (4-H Circular 179).

The maximum number of shows that the Lessor (owner) may show the leased animal during the term of the lease is: \_\_\_\_\_

The Lessor (owner) will be relieved of liability in case of property damage, injury to the Lessee (member) or a third party while the equine is under the Lessee's (member) supervision.

### **Signatures**

Lessor (owner): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Lessee (member): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Member's Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

4-H Club Head Advisor \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Copy to be given to Lessor (member) & Club Head Advisor.

Original will be kept on file at the Extension Office during the current 4-H year.

**Please attach current color picture of equine showing any distinctive face and leg markings.**