



**Misty Meadows Mitey Riders, Inc.  
Horse Lease Agreement**

---

**Agreement Between** [redacted] **(Owner Name)**  
**for** [redacted] **(Horse Name)**

**-AND-**

**Misty Meadows Farm, Inc. and/or Mitey Riders, Inc.  
455 Providence Road South, Waxhaw, NC 28173**

**Misty Meadows and/or Mitey Riders** will use your horse "[redacted]" and will pay all boarding expenses (feed, hay, farrier, dentist, routine veterinarian expenses).

**Misty Meadows and/or Mitey Riders** will not be held liable in the event your horse is disabled by accident or illness. In the event that your horse requires other-than-routine medical care due to accident or illness, it will be your responsibility to approve the medical treatment and assume the medical expenses. If your horse will be laid up due to accident or illness for longer than FOUR weeks, you may be asked to relocate your horse.

Before arrival at Misty Meadows, "[redacted]" must have current preventive shots (i.e., Flu/Rhino, Potomac Fever, Strangles, Rabies, West Nile) and a current (within ninety days prior to the move to Misty Meadows Farm) Negative Coggins.

Your horse will be on trial for up to ninety days at Misty Meadows to be certain the horse will be usable in our programs. As a result of the specialized training that will be provided to your horse, this lease will remain in effect for a minimum of one year, unless the horse is no longer usable for our programs. In this event, we will notify you by phone and certified mail at the last known address. If there is no response within thirty days, we will use our own discretion as to where to place the horse.

Once the minimum of one year has been completed, you may void this agreement at any time, with thirty days notice, by moving "[redacted]" off the premises. **Misty Meadows and/or Mitey Riders** may void this agreement at any time, and with thirty days notice, by asking you to take over full responsibility of "[redacted]" by moving the horse from our premises.

In the event that the main facility location of Mitey Riders changes, horses under the agreement between parties will move to the new facility under the same agreement, with the permission of the owner.

**I choose the following vet plan for my horse/pony:**

- Insure for major medical at cost to the owner of \$400 per year
- No insurance; Owner will assume all vet bills for approved non-standard care, including euthanasia in the event of fatal injury or illness

**I choose the following supplement plan for my horse/pony:**

- Owner agrees to allow Mitey Riders to supplement as needed or suggested by a vet
- Owner will provide a specific supplement that horse/pony is already on before arriving  
Supplement name: \_\_\_\_\_

**Please initial next to each of the following statements:**

**“By leasing my horse/pony to Misty Meadows Mitey Riders, Inc....”**

- I understand that I must contact the farm to come ride/groom my horse
- I understand that my horse may receive specific training for the Mitey Riders
- I understand helmets are required when riding at Misty Meadows Farm
- I understand I cannot handle my horse during lesson times
- I understand I am welcome to come watch any lessons that my horse is in
- I understand that lesson and rider schedules may change at any time
- I am willing to lease my horse for the duration of at least one full riding season
- I am willing to allow MMF students to take my horse to shows/events off-site
- I understand Mitey Riders will cover all routine vet, farrier and feed bills
- I agree to have my horse shod/trimmed by a Mitey Riders farrier
- I understand that my horse cannot retire at Misty Meadows Farm
- Mitey Riders will not euthanize or bury my horse on my behalf as an alternative for retirement; it is my responsibility to plan for my horse.
- I understand that I may be asked to sign a new lease at any time

**If the above horse passes the 90-day trial and becomes a therapeutic horse at Mitey Riders, the earliest this horse can be returned to the owner is: \_\_\_\_\_ (Date).**

\_\_\_\_\_  
**Horse Owner Signature** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Horse Owner Name [PLEASE PRINT]** \_\_\_\_\_  
**Horse Name [PLEASE PRINT]**

\_\_\_\_\_  
**Joy B. Simon, Program Director** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Harry S. Swimmer, Property Owner** \_\_\_\_\_  
**Date**

**WARNING:**  
Under North Carolina 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 exclusively from the inherent risks of equine activities. Chapter 99E of North Carolina General Statutes.