



G & H HORSE TRANSPORT LTD.

Owned & Operated by Glenn Dubois

Mobile# 604-619-0962

Customer Service# 778-995-1814

www.gandhorsetransport.ca

Short & Long Hauls - Fully Insured

CANADA AND USA

SHIPPING AUTHORIZATION FORM;

This agreement for the transport of horse(s) is made and entered into this _____, day of _____, 2010, by and between G & H Horse Transport Ltd.

Surname of Horse Owner

First Name

Residing Address, City, Province/State, Country, Postal/Zip Code

Telephone

Alternate

Cell

Hereinafter designated as the ``Owner``, and **G&H Horse Transport** hereinafter
Designated as the ``Transporters``.

The Owner agrees to the following:

He she will make all arrangements for the following and assume the cost thereof to any

And all necessary (border crossings) requirements, and or other charges, i.e.

Health Certificate

Coggins Test for Equine Infectious Anemia

Brand Inspection Certificate

Travel Letter

Purchase Sales Agreement

Registration Certificate

Broker Paperwork

I have read and agree to all the statements on this page _____ (please initial)

Blankets (if needed or requested)

Halter and Lead Rope

Shipping Bandages (legs and tail)

Medication

Strangles (Proof of Vaccination if traveling to or from Alberta)

Other _____

Owner has purchased horse mortality insurance

OR

Owner is a member of HCBC and has Capri Insurance coverage (HCBC# _____);

OR

Owner has other Insurance (Company name and number _____)

And or assumes ALL risks therein(to include, but limit to injury,death,illness or disease, physical damage or harm).

I have read and agree to all the statements on this page _____(please initial)

Other Charges:

The quoted rate of \$ _____, including any of the following if applicable:

- booking deposit 25% of quoted rate (to be deducted from total cost upon full payment and/or delivery of horse(s))
- \$50.00 per hour for loading/unloading (wait time) if horse is not prepared too load and/or is difficult and/or untrained to load, or if the delivery person is not present and must be waited for
- \$25.00 per hour for waiting time at ferry terminals (or \$50.00 per hour to wait for the next ferry if delayed or missed ferry was caused by shipping facility, horse(s) and/or shipping personal or bad weather (i.e.: High winds, snow, rain, etc...))
- reimbursement for any/all veterinary services, drugs and other medical supplies in the event of an emergency or as the Transporters deem necessary for the well-being of the aforementioned horse(s)
- extra charges for difficult access roads (i.e. gravel, mud, etc) if not disclosed in the original quote
- possible surcharges for winter/snow covered roads (allow for extra time involved), or detours caused by vehicle accidents forcing us to take alternate routes in order to get your horse(s) to you (we will use our better judgment in all cases taking the horse(s) and yourself into consideration)
- any damage to the trailer and/or equipment caused by your horse, We will estimate the cost of repairing or replacing such item and this amount must be paid at the time of the unloading of the horse(s). If the damage is extensive, you will be required to make a deposit (quoted at the time) and any over payment will be returned with proof of repair costs from garage, etc.
- overnight stays that may require stabling. Fees will be quoted at the time and cost must be covered by Owner, due at delivery of horse(s); average cost \$25.00 per night, per horse(s)
- tack and or/other equipment required to travel with the horse(s) must be disclosed at time of booking to ensure space or it will not be guaranteed to travel with horse(s)

I have read and agree to all the statements on this page _____ (please initial)

TERMS AND CONDITIONS

-Deposits and final payments may be made by Visa, Master Card, Cash or Email Transfer

-owner must reveal at booking if your horse has never been loaded into a trailer, or if you anticipate there may be problems loading. If horse(s) cannot be loaded after a reasonable amount of time (5 minutes), you will be obligated to cover the Transporters time, or thee deposit will not be returned and your horse(s) will not travel

-*Owner **must reveal any/all medications given to the horse(s) within 48 hours**

-*Owner **must reveal any/all illnesses, vices & behavior issues known before booking (all damage cost will apply)**

-Owner must put in writing any/all special treatment and/or phone contacting (updates) and/or feed and/or required medication needed during transporting, **before** confirming booking

-cancellation must be **received within 48**, before Transporter is scheduled to arrive and a credit for the deposit will be issued

-Transporters reserves the right, without prejudice, to refuse to haul any horse(s) at any time

-Transporters will not move a foal that has not been properly weaned unless arrangements have been made prior.

-Transporters reserve the right to maintain possession of horse(s) if he/she feels the transportation fee including any other charges will not be paid in full upon delivery of said horse(s). The horse(s) will remain with the Transporters and will be boarded at a daily rate of \$30.00 day each (due to Owners) until such time payments are satisfied . A delivery charge may apply to return to receiving address. If, after 30 days you are still unable to pay your original transport fee and board, in full payment, then the horse will become the property of G&H Horse Transport and will be sold in order to pay your invoice.

-Rate quoted will provide” door to door’ service and professional care of your horse(s) to the best of the Transporters ability.

-Owner will be supplied copy of Cargo Insurance and/or request to list as “Loss Payable” upon request only.

Any forms that have been altered or changed in any way without the expressed authorization of the Transporters will be null and void

I have read and agree to all the statements on this page _____ (please initial)

HORSE HISTORY AND HEALTH DISCLOSURE SHEET(MUST accompany Shipping Authorization Form)

We, at G & H Horse Transport take our business seriously and take the greatest care to the best of our ability and attention in transporting your horse(s). With safety our number one concern, please fill out the following form to the of your ability and fax this sheet to our office along with the Shipping Authorization form.

(Please add another sheet if necessary to explain any/all questions)

1) Do you require any special equipment, feed, medication or treatment of or for your horse(s)? Please know that the Transporters will NOT administer injections to your horse(s).

2) Does your horse(s) have any vices we should know about, i.e., biting, kicking, nervous and other?

3) Will you be providing and placing shipping bandages on your horse(s) (legs and Tail) prior to loading?

If not, please initial with the understanding that the Transporters will not be responsible for any/all damages or ill effects in any way to your horse(s) due to the absence of any/all shipping bandages. _____ **Please Initial**

4) Does your horse(s) have any illnesses that we should know about? _____ If yes, please explain _____

5) Is your horse familiar with and handles reasonably well with loading/unloading?

6) Is your horse aggressive towards people or other horses? _____

7) Does your horse pull back on any leads tied or untied? _____

8) Is your horse(s) currently on any medication now or in the last 24 hours? _____

9) Are all vaccinations and worming up to date? _____

(Proof may be required)

10) Please provide the name and number of your veterinarian:

If you do not provide one, we maintain our right to use our discretion keeping the (best interest of the horse(s) in mind in emergency situations.

Please add any other notes or special conditions you wish us to know and follow:

I have read and agree to all statements on this page _____ Please Initial

HORSE INFORMATION (must accompany shipping authorization form)

Horse #1

#1 Name: _____

#2 Mare/Gelding/Stallion/Foal: _____

#3 Age _____

#4 Color _____

#5 Breed _____

#6 Reg#/Tattoo# _____

#7 Other _____

Horse #2

#1 Name: _____

#2 Mare/Gelding/Stallion/Foal: _____

#3 Age _____

#4 Color _____

#5 Breed _____

#6 Reg#/Tattoo# _____

#7 Other _____

SCHEDULED TRANSPORT DATE: _____

PICK UP LOCATION

Barn Name: _____

Complete Address _____

Contact Person: _____

Phone# _____

Alternate# _____

SHIP TO LOCATION

Barn Name: _____

Complete Address _____

Contact Person: _____

Phone# _____

Alternate# _____

Estimated day/time of arrival _____

*Please provide directions for ship to and pick up locations if there is only a P.O. Box # or RR#
in the space provided below*

ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

THIS WAIVER MUST BE ***READ, UNDERSTOOD AND SIGNED*** BEFORE ANY HORSE(S) WILL BE TRANSPORTED

I, the undersigned, give G&H Horse Transport my full cooperation and do acknowledge the risks inherent in the transport and handling of horses. I freely accept and fully assume all responsibility for all "Risks" and possibilities on injury, death, property or equipment damage or loss resulting from the transport of my horse(s) while in the care of G&H Horse Transport. I also agree that although the Transporters will take steps to reduce the "Risks" and increase the safety of my horse(s), it is not possible for the Transporters to

Make the transportation completely safe. I accept these "Risks" and agree to the terms of this waiver even if the Transporters are found to be negligent or in breach of any duty of care or any obligation to me in the transporting of my horse(s).

In addition to consideration given to the Transporters for the purpose of transporting my horse(s), I and my heirs, next of kin, executors, administrators and assigns (collectively my "legal representative") agree:

- a) To waive all claims that I have or may have in the future against the Transporters.
- b) To release and forever discharge the transporter(s) from all liability for any injury, death, property damage in resulting from myself, my representative or my horse(s) in participation of any/all activities involving G&H Horse Transport due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in Judgment of the Transporters
- c) to be liable for and to hold harmless and indemnify the Transporters from all actions, proceedings, claims, damages, costs, demands, including court costs and cost on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of in any way connected with my participation or consent in activities or transport of my horse(s)

I agree that this waiver and all terms contained herein are governed exclusively and all in respect by the laws of the Province or Territory or State of Canada or United States , in which the Transport services are not provided by the Transporters. I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory or State of Canada or United States and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory or State of Canada or the United States , in which the transportation services are or were provided by the Transporters. I confirm that I have had sufficient time to read and understand this waiver in it's entirety I understand that this agreement represents the entire agreement between myself and the Transporters and it is binding on myself and my ``Legal Representative``.

I confirm that I have reached the age of majority in the province in which I am participating in transport services.

I have read and agree to all statements on this page_____ Please Initial

PLEASE PRINT CLEARLY

Participant (Owner's)

Name: _____

Date of Birth: _____

Address: _____

City: _____ Province _____ PC _____

Signature of Participant (Owner) _____

Name of Witness to Signing and Initialing _____

Signature of Witness: _____

Signed this _____ day of _____, 2010