OWNER AND BOARDING AGREEMENT

THIS AGREEMENT is dated		AND MADE BETWEEN
(1)('the trainer'); and		_ of
(2)		_ ('the Owner') whose contact details are as follows:
Address		
Invoicing address		
(if different)		
Phone number		
Emergency contact numbe	r	
Email address		
Equine Premises No		(for compliance with Dept. of
Agriculture records)		
Policy you are required to	[V] tick this box IF Y	ection Regulations 2018 and the Stud's Data Protection YOU CONSENT to your information being held by the Trainer and the Trainers' personnel only.
In accordance to t	he General Data Pro	tection Regulations 2018 you are required to [v] tick
this box IF YOU CONSENT t	o your information be	eing given by the Trainer / Trainer's personnel to other
persons for billing purpose	s, i.e. Veterinary Pract	tice, Farrier, Equine Hospital, HRI and / or Weatherbys.
SIGNED for and on behalf o	of the Trainer	
SIGNED for and on behalf of	of the Owner	