



EQUIPMENT RENTAL AGREEMENT

Owner/Lessor: _____ Vetlig limited _____

Renter/Lessee: _____

Address: _____

Phone/Email: _____

1. Equipment Details

Equipment Description	Serial No.	Qty	Condition

2. Rental Period

Rental Start Date & Time: _____

Return Date & Time: _____

3. Rental Fees

Rental Fee: £ _____

Security Deposit: £ _____

Payment Method: _____

The security deposit will be refunded upon return of the equipment in acceptable condition, less any applicable charges.

4. Use of Equipment

The Renter agrees:

- to use the equipment safely and only for its intended purpose;
- not to sub-rent or transfer the equipment;
- to comply with all applicable laws and safety requirements.

5. Damage, Loss & Theft

The Renter accepts full responsibility for the equipment during the rental period and agrees to return it in the same condition received, excluding reasonable wear and tear.

The Renter is responsible for:

- damage,
- loss,
- theft,
- or replacement costs arising during the rental period.

6. Late Returns

Late returns may incur additional rental charges at the standard daily rate until the equipment is returned.

7. Liability

The Owner shall not be liable for injury, loss, or damage arising from the use or misuse of the equipment.

8. Governing Law

This Agreement shall be governed by the laws of England and Wales.

9. Signatures

By signing below, both parties agree to the terms of this Equipment Rental Agreement.

Owner/Lessor

Name: ___ Vetlig limited_____

Signature: _____KAS JONES_____

Date: _____

Renter/Lessee

Name: _____

Signature: _____

Date: _____



Return Check list

We suggest you take a photo of what is going back into the box.
Pack back into original box, drain the unit.

Equipment Description	Qty	Condition
ICE AID white Unit		
single hose		
battery pack and charge/connection lead		
mains power lead and plug		
carry bag		
white drain tool		
rental information pack		



Medical Device Decontamination Certificate

If you have had equine influenza or other infectious diseases on the yard, please notify us immediately before sending this back.

Device Information

- Device Name: ___ICE AID_____
- Model Number: _____
- Serial Number: _____

Owner / Facility

- Hospital/Person/Company: _____
- Address: _____
- Phone number _____

Decontamination Details

I hereby certify that the above medical device has been cleaned and decontaminated in accordance with applicable infection control procedures and is safe to handle.

- Method Used:
 - Cleaning
 - Disinfection
- Date of Decontamination/cleaning: _____

Contamination Status

- Device is free from biological contamination-blood, faeces, urine
- Device previously exposed to:
 - Blood
 - Body fluids
 - Chemicals
 - Radioactive materials
 - Other: _____

Authorised By

- Name: _____
- Position: _____
- Signature: _____
- Date: _____