

77 DOUBLE LUCKY, LTD
HORSE BOARDING CONTRACT

Owner's Name _____ Date _____
Address _____
City _____ State _____ ZIP _____
Phone-Days _____ Evenings _____
Horse's Name _____ Reg. No. _____ Breed _____
Color _____ Sex _____ Age _____ Brand Markings _____
Dates of last immunizations: Distemper _____ Tetanus _____ Virus Flu _____ Negative Coggins _____
Special Care: _____

OWNERS' AGREEMENT: 1.) I understand all board must be paid monthly and in advance. I hereby grant a lien to stable owner for all unpaid charges. If I don't timely pay my board bill, I agree to pay a late fee of \$25 if not paid within 20 days and thereafter I agree to pay interest on any unpaid amount at a rate of 11/2% per month (18% APR) commencing from the date the payment became due. All payments are due on or before the first day of the month. If horses are removed during the month the number of days in the month shall be divided into the monthly board and that shall represent the per diem. You will receive a refund of an amount arrived at by multiplying the days left in the month on the day after the removal of the horse times the per diem amount but I understand all amounts accrued and owed by me to you will be deducted before payment is made.

2.) This horse, to the best of my knowledge, has not been exposed to any contagious or infectious disease for two weeks prior to boarding.

3.) I hereby consent to any medical treatment deemed advisable in an emergency.

4.) My veterinarian is _____ Address _____ Phone _____

5.) If you are not able to contact the above veterinarian immediately, I consent to treatment by the stable management or stable veterinarian. I understand all charges thus incurred will be billed to me and paid by me. I hereby authorize up to \$ _____ to be spent on emergency care and agree to pay said costs when billed.

6.) If any care is indicated by a veterinarian or farrier, I will authorize the care specifically or by a mutually agreed schedule; provided, you will not allow and I agree that I will not allow my horse to remain uncared for in a manner materially different from the schedules and procedures you follow. I will maintain hoof care, immunizations, floating, and other appropriate care and, if I don't, you are authorized to secure that care at my expense. If I persist in failing to maintain such care and you so notify me, I will immediately remove my horse after paying you current.

7.) Every reasonable precaution is taken to protect the horse from illness, accident, fire and theft. The stable owner and/or stable management shall not, while exercising reasonable care, be held responsible for accident, illness, fire, theft, or events of injury or mortality to your horse not caused by their direct act. As an example, but not limited to such an example, if your horse fights with another horse, steps in a hole, contacts a disease (such as EPM), casts, attempts to escape a stall, colics and is injured or dies there is no liability on the part of the stable owner and/or stable management. Finally, you agree that you will immediately assume responsibility for your horse for serious illness or injury, and if attempts to contact you at the above telephone numbers are unsuccessful, or you do not immediately assume responsibility for your horse's care, you agree that I cannot accept prolonged suffering of an animal and if it is determined appropriate to euthanize (terminate life) your horse it can be done.

8.) I understand training, lessons, shoeing, veterinarian service, vanning and any miscellaneous expenses are additional costs and will be billed directly to me and, if not, I will pay you immediately.

The monthly board will be \$ _____ payable on or before the FIRST day of each month, beginning on the FIRST day of _____ and continuing on a month to month basis until terminated in writing. I will pay you the per diem to this date prior to boarding my horse.

Owner's Signature _____ Date _____

The above horse will be boarded in: _____ .

Horse arrived on _____ (date)

Horse departed on _____ (date)