



Boarding Agreement

Date: _____

Stable or Facility: _____

Horse's Name: _____

Horse Owner: _____

Veterinarian: _____

Owner's Address: _____

Vet's Phone: _____

City, State Zip: _____

Coggins: _____

Res. Phone: _____

Last Wormed: _____

Work Phone: _____

Shots: _____

Emergency Contact: _____

Is this horse insured: Yes No

If so, list insurance company: _____ Phone: _____

Optional: Exercise \$ _____, Blanketing \$ _____, Supplements \$ _____, Daily grooming \$ _____,

Tack-up service \$ _____, Training \$ _____, Other: _____ Total: \$ _____

- I (We) agree to lease Pasture, Run with Shed, Stall with Turnout, Stall without Turnout, Other: _____ for \$ _____ per month, payable in advance. Lease to be renewable on a monthly basis. I (We) do understand that the quoted sum above for lease of horse facilities is a flexible one and may be raised at the owner's discretion with 30-days notice.
- I (We) do understand and agree that I (We) shall make payment for the lease of said facilities on the _____ day of each month. If that said payment is not made within 10 days action may be taken. Which includes the right of the Stable to place a lien on the horse(s) as set forth in the State of _____ for the amount due. I (we) also understand and agree that my (our) possession of the horse(s) can only be reobtained when I (We) have paid in full to the property owners the sum that is demanded by them for feed and their services rendered. All costs incurred collecting delinquent charges, attorney's fees and court costs shall be the responsibility of the owner of the horse(s).
- I (We) understand and agree that if I (We) intend to terminate this lease that I (We) will give a minimum of _____ days notice to the owners of said termination of lease. I (We) also understand and agree that if my (our) horse(s) are removed from the premises for any length of time (for show purposes, breeding, etc.) that said lease is still in effect and that no refund shall be made for said time the horse(s) is (are) removed.
- I (We) understand and agree that I (We) will make payment to the owners for damage to said premises incurred by myself or by my horse(s) (beyond reasonable wear and tear).
- I (We) do understand and agree that I (We) will not hold the property owners responsible for any disease, illness, injury or death to my horse(s) or myself or to my friend, relatives, or acquaintances on the owner's property incurred by water, electricity, snow, ice, hail, fire, building structure, building structure default, wind, act of carelessness, negligence, vandalism or misjudgment, or any other act of God. In addition, I have read and understand the Statute Limiting Liability for Horse Activities in this state.
- I (We) understand that the stable owner shall not be liable for any injury to the horse(s) or damage to any property should the said horse(s) escape from the enclosure or while on the property.
- I (We) do hereby give permission to the stable owners to call the above designated veterinarian. I (We) also understand that I (We) will be contacted if possible if the property owners feel that a veterinarian is necessary, due to accident, injury, disease or illness and I (We) also understand that all services rendered by the veterinarian will be at my expense, and that an extra charge will be added to the board if extra attention or care is necessary for my horse(s).
- I (We) understand and agree that my (our) dog(s) are restricted from the property and that I (We) will honor all "No Smoking" signs and other safety rules.

Signature of Lessee