



**WHISPERING SPRINGS HORSE FARM**  
**4884 ALDER DR**  
**WALNUTPORT, PA 18088**  
**484-205-9797**  
**LEASE AGREEMENT**

This Agreement is between, the lessor, Whispering Springs Horse Farm (WSF), and \_\_\_\_\_ herein referred to as a lessee.

**1. Term of Lease:**

Started Lease Commencement Date: \_\_\_\_\_

End Lease Commencement Date: \_\_\_\_\_

**This lease covers the horse described below.**

**2. Description of Horse:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Breed: \_\_\_\_\_ Height: \_\_\_\_\_

Color/Markings: \_\_\_\_\_

**3. Fees:**

In consideration of this agreement, Lessee agrees to pay WSF a monthly fee which is listed below.

**20% WILL BE ADDED TO AS A LATE FEE AFTER 5 DAYS**

Date: \_\_\_\_\_

Monthly Leasing Fee: \$ \_\_\_\_\_

**4. Option to Renew:**

Lessee has the option to renew this lease for an additional monthly charge by advising WSF in writing at any time prior to sixty (60) days prior to the expiration of the Lease.

This agreement is subject to the Laws of the State of Pennsylvania.

Executed on \_\_\_\_\_ (date), in Walnutport, Northampton County, Pennsylvania.

**5. Purpose:** Lessee covenants not to use the horse for any purpose other than riding and grooming, and WSF warrants that said horse is capable and suited

for said purpose. Lessee shall provide all necessary veterinary and farrier care if needed under the supervision of the lessee.

- 6. **Risk of Loss:** Lessee hereby assumes the risk of loss or injury to said horse except where caused by the negligence of WSF. Lessee agrees to purchase full horse mortality insurance on said horse in the amount of \$\_\_\_\_\_ covering the terms of this agreement and naming Lessor as sole beneficiary.
- 7. **Hold Harmless:** Lessee hereby agrees to hold WSF harmless from any claim resulting for damage or injury caused by said horse for the term of the Lease. WSF is additionally insured.
- 8. **Ownership:** WSF warrants that he/she has good, clear title to said horse, free from any liens or encumbrances, and has the right to execute this Lease.
- 9. **Default:** Upon material breach of this Agreement by either party, the other may terminate this Lease. On any breach, the wronged party shall have the right to recover from the breaching party all reasonable court costs and attorneys fees.

**Whispering Springs Horse Farm Information**

(By signing below, I understand and completely agree with the lease agreement)

Representative Full Name: \_\_\_\_\_  
Farm Address: \_\_\_\_\_ 4884 Alder Dr. Walnutport, Pa 18088 \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ 484-205-9797 \_\_\_\_\_

**Lessee Information**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**Signatures:**

WSF Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
Lessee Signature: \_\_\_\_\_ Date: \_\_\_\_\_