

Horse Boarding Contract

Horse Owner: Name

Stable Name

Address

Stable's Address

City, State, ZIP

City, State, ZIP

Phone

Phone

The parties named above agree that "Horse Owner" (hereafter "Owner") desires Stable to provide boarding services described below, and that Stable agrees to do so under the terms described below.

1. Boarding services shall be provided at Stable's address above on a month-to-month basis commencing on **MM/DD/YYYY**. Services may be terminated by either party with XXXX written notice to the other party.

2. In consideration of boarding services, Owner shall pay to Stable the sum of **\$X** on or before the **Xth** day of each month for that month's boarding services. If full payment is not received by Stable by the **Xth** day of the month in which it is due, late fees of **\$X** per day shall accrue from the **Xth** day of the month. If full payment, including any late fees accrued, is not received by Stable within 14 days of the **Xth** day of the month, then the horse(s) being boarded by Stable shall become the Stable's property.

3. Owner shall provide to Stable proof of the horse(s) up-to-date - rabies, west nile, strangles, tetanus, influenza, and sleeping sickness vaccinations before the horse(s) will be admitted into the Stable. Thereafter, Owner shall provide proof of updated influenza and west nile vaccinations semi-annually, and of updated tetanus, strangles, rabies and sleeping sickness vaccinations annually.

4. Owner hereby acknowledges and agrees that Stable shall not be liable for any sickness, death, theft, injury, or other damage suffered by Owner's horse(s) during the horse(s) boarding by Stable.

5. Owner hereby agrees to indemnify and hold Stable harmless against any claim for damages which may arise from any actions of Owner's horse(s), including transmission of disease to any other human being or animal.

6. If the horse(s) require emergency medical care, Stable agrees to attempt to contact Owner at the following telephone number(s): _____ before obtaining such care. However, if Stable is unable to contact Owner within a reasonable period of time dependent upon the nature of the emergency, then Stable shall be authorized to obtain whatever emergency medical services it deems to be in the horse(s) best interests. Owner shall be liable for the cost of all such emergency medical services.

The parties hereby signify their agreement to the terms above by their signatures affixed below:

Owner's signature, date

Stable's agent signature, date