

# **Boarding Contract**

This AGREEMENT, is entered between BENNE "STABLE", providing services as a independent	
	s warrant that they have the right to enter into an
FEES/TERMS/LOCATION	
STABLE agrees to board the herein described h	norse(s) on a month to month basis, commencing
	per horse, per month, is due on the
1st, and will be considered LATE after the 5th da to be paid by cash or check made out to Bennet	ay of the month (accruing a 30\$ late fee). Board is tt Stables.
-	uired should you choose to leave. Partial months
boarding shall be charged on a prorated basis b 30/31 day month.	pased on the number of days boarded in a standard
Damage above and beyond normal wear and te corral rails, damaged weather walls, wood chew at cost of labor and supplies.	ear on stalls (including but not limited to; broken ving etc.) will be charged to the owner of the horse
Owner Information	Horse Information
Name:	Name:
Phone:	Color:
Email:	Age:
Address:	Sex:
	Breed:
Personal Emergency Contact:	Registration/Brands:
Notable Markings:	
Items To Be Stored On Premises:	

<sup>\*\*</sup> Personal/Equine property is stored at the OWNER's risk. STABLE shall not be responsible for the theft, damage or loss of any belongings on the property. All items shall be clearly marked for horse/owner. \*\*



#### Feed & Facilities

STABLE agrees to p	rovide the following feed (up to 4 flakes of hay/day at no additional cost), in
addition to normal a	d reasonable care of the horse(s):
AM:	PM:
Stalls are cleaned a	d waters filled daily. We provide bermuda or alfalfa hay, and will feed
consistently, and co	pplements at no additional cost (AM/PM) as long as they are prepackaged veniently placed. OWNER is welcome to provide other types of hay for ed. Maintenance is performed regularly on stalls on a first come, first serve
` '	STABLE Manager should you have any concerns or need assistance.
Special instructions	o stable (may accrue additional fees): i.e. feeding, important medical
history, doctoring ne	eds, facility modification requirements, etc.

# **Vaccinations**

Proof of current vaccinations\* are required upon arrival of the horse(s) to the STABLE. A negative Coggins Test and Health Certificate is required from horses arriving from out of state. During an outbreak of significance deemed by the state/county vet, a health certificate must be provided specific to that disease, and will be required for visiting local horses as well.

Once at the STABLE you are required to be on our vaccination schedule. Vaccination clinics are held twice yearly (spring/fall) and you can also schedule for your horse to have routine maintenance done on those days (IE teeth float, sheath cleaning, fecals).

\*Current vaccinations: Tetanus, Strangles, Rhino Flu, West Nile, Rabies

# **RISK OF LOSS**

A.R.S. 12-553(A). Horses are an inherent risk and you assume full responsibility and liability for any occurrence of accident.

STABLE shall not be liable for any sickness, disease, theft, injury, or death which may by suffered by the horse(s). OWNER fully understands and hereby acknowledges that STABLE DOES NOT carry any insurance on any horse(s) not owned by the STABLE, and that ALL risks relating to the use of or boarding of horse(s) or for any other reason, for which the horse(s) is/are in the possession of STABLE, are to be borne by OWNER.



# **EMERGENCY CARE**

Should STABLE feel that medical treatment attempt to contact OWNER, at the following	t is needed for said horse(s) STABLE agrees to genergency telephone number
decisions for said horse(s) if OWNER is una	Emergency Contact authorized to make healthcare
	able to be redoried.
Name:	Phone:
Preferred Vet/Phone:	
, , ,	,
	olicable until vet arrives (will be billed accordingly) to be payable to the hauler if PAH, TBD if other) cable)
Overnight Hospitalization Fluids (colic) Colic Surgery	
Colic Surgery Broken Bone Surgery/Stabilization Euthanasia upon vet recommendatior	ո in instances of:
Extreme Colic Broken BoneProfound Pain and Suffering	
Other	
-	and payable by OWNER to the care provider tions. If payment is due to the STABLE for any ue in the subsequent board payment.
Signature <sup>.</sup>	Date:



#### STABLE RULES

OWNER hereby acknowledges receipt and understanding of the current STABLE RULES, which are incorporated by reference in full, as if fully set forth herein. OWNER agrees he/she and his/her guests and invitees will be bound by and abide by these RULES and accepts responsibility for the conduct of his/her guests and invitees accordingly. OWNER acknowledges that RULES include but are not limited to those included in the provided addendum, as STABLE may revise these RULES from time to time and OWNER agrees that any revisions shall have the same force and effect as current RULES. Failure of OWNER or OWNER's guests and invitees to abide by STABLES RULES may result in STABLE declaring OWNER in default, and result in termination of this AGREEMENT. This will be determined by the STABLE's sole discretion.

I have read and agree to the provided STABLE RULES & REGULATIONS

**OWNER** signature

## **NOTICE OF TERMINATION**

OWNER agrees that thirty (30) days written notice shall be given to STABLE as to the termination of this AGREEMENT. This can be via text or email to the owner/manager or letter.

#### **DEFAULT**

Either party may terminate this CONTRACT for failure of the other party to meet any material terms of this CONTRACT, including but not limited to STABLE RULES. In the case of a default by one party, the other party shall have the right to recover legal fees and expenses, if any, incurred as a result of said default. Any payment due STABLE under this CONTRACT shall be due and payable by the fifth day of the month, or immediately in the event of termination. Failure to make any payment by said due date shall place OWNER in default hereunder. Acceptance by STABLE of any late payment shall not constitute a waiver of subsequent due dates or determination of default.

#### **ASSIGNMENT**

This CONTRACT may NOT by assigned by OWNER to another person/entity without the express written consent of the STABLE.



### RIGHT OF LIEN

OWNER is put on notice that the STABLE has and may assert and exercise a right of lien, as provided for by the laws of the state of ARIZONA for any amount due for the board and keep of the horse(s) and also for any other charges due hereunder, and further agrees that STABLE shall have the right without process of the law, to attach a lien to your horse(s) after TWO (2) months of non-payment or partial payment and STABLE can then sell horse(s) to recover its loss. This CONTRACT will automatically renew under the written terms at the 1st of each subsequent month.

# **HOLD HARMLESS**

OWNER agrees to hold STABLE, and any of the STABLE's agents harmless from any claim resulting from damage or injury caused by any horse, OWNER or their guests and invitees. This is including but not limited to the OWNER's responsibility to pay legal fees and/or expenses incurred by STABLE in defense of such claims.

This CONTRACT is subject to the laws of the state of Arizona Executed at Bennett Stables on the date set forth below.

By (OWNER):		
Print Name:	Date:	
By (Stable, Agent, Barn Owner or Manager):		
Print Name:	Date:	