



# SHORT-TERM BOARDING AGREEMENT

THIS AGREEMENT, for good and valuable consideration receipt of which is hereby acknowledged, dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ made by and between, PAINTED BAR STABLES, hereinafter referred to as 'STABLE', providing services as an independent contractor, located at PAINTED BAR STABLES, 4093 LAKE AVENUE BURDETT, NEW YORK 14818, and the following:

The owner of hereinafter-described horse(s), \_\_\_\_\_  
Residing at a permanent address of \_\_\_\_\_ .

## 1. Fees, Term and Location

In consideration of \$ \_\_\_\_\_ per horse per day / week paid by OWNER in advance on the first day of each month, STABLE agrees to board the herein described horse(s) on a day to day / week to week basis commencing the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Partial months boarding shall be paid on a pro-rated basis based on the numbers of days boarded in a standard 30 day month.

Any payment due to STABLE under this AGREEMENT shall be due upon arrival, and immediately in the event of termination. Any additional fees incurred during the course of this agreement shall be paid before the horse leave the premises.

## 2. Description of Horse (s)

Horse's Stable Name: \_\_\_\_\_ Horse's Registered Name: \_\_\_\_\_

Reg#: \_\_\_\_\_ Registration Association: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Horse's Stable Name: \_\_\_\_\_ Horse's Registered Name: \_\_\_\_\_

Reg#: \_\_\_\_\_ Registration Association: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Value of Horses (needed for insurance reasons): \$ \_\_\_\_\_





# Painted Bar Stables

### 3. Feed and Facilities

STABLE agrees to provide the following, in addition to normal and reasonable care and handling to maintain the health and well being of the animal(s).

Turn-Out \_\_\_\_\_ maximum number of horses in paddock

Grain \_\_\_\_\_ quarts of grain per day fed \_\_\_\_\_ times per day

Hay \_\_\_\_\_ pounds/flakes of hay per day fed \_\_\_\_\_ times per day

### 4. Ownership/Coggins Test

OWNER warrants that it owns said horse(s), and will provide prior to time of delivery of said horse (s), to STABLE, proof satisfactory of a negative Coggins test current within the twelve month period immediately preceding delivery of the horse to STABLE.

### 5. Veterinary Care

Required veterinary care: Current Deworming, Current Coggins, a typical 5-way immunization injection (Tetanus, Eastern and Western Encephalitis, Rhinopneumonitis, Influenza)

Suggested veterinary care: West Nile, and Strangles

Other specialized veterinary care specific to this horse includes: \_\_\_\_\_

STABLE reserves the right to charge a \$10/hour service charge to make and attend any call for farrier or vet services.

### 6. Risk of Loss

During the time that the horse(s) is/are in the custody of STABLE, STABLE shall not be liable for any sickness, disease, theft, death or injury which may be suffered by the horse. This includes, but is not limited to, any personal injury or disability the horse may receive while of STABLE's premises. OWNER fully understands and hereby acknowledges that STABLE does not carry any insurance on any horse(s) not owned by STABLE, including, and that all risks relating to 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.

### 7. Hold Harmless

OWNER agrees to hold STABLE harmless from any claim resulting from damage or injury caused by said horse, OWNER or his guests and invitees, to anyone, including but not limited to legal fees and/or expenses incurred by STABLE in defense of such claims.

### 8. Emergency Care

STABLE agrees to attempt to contact OWNER, at the following emergency telephone number

( \_\_\_\_\_ ) \_\_\_\_\_



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Should STABLE feel that medical treatment is needed for said horse (s), provided however, that in the event the STABLE is unable to so contact OWNER within a reasonable time, which time shall be judged and determined solely by STABLE, STABLE is then hereby authorized to secure emergency veterinary care and/or blacksmith care, and by any licensed providers of such care who are selected by STABLE, as STABLE determines is required for the health and well-being of said horse (s). The cost of such care secured shall be due and payable by OWNER within fifteen days from the date OWNER receives notice thereof, provided however, that STABLE is authorized to arrange direct billing by said care provider to the OWNER.

## 9. Right of Lien

OWNER is put on notice that STABLE has and may assert and exercise a right of lien, as provided for by the laws of the State of New York, for any amount due for the board and keep of horse(s), and also for any storage or other charges due hereunder, and further agrees STABLE shall have the right, without process of law, to attach a lien to your horse(s) after two months of non-payment or partial payment and STABLE can then sell horse(s) to recover its loss

These parties warrant that they have the right to enter into this agreement.

THIS AGREEMENT IS SUBJECT TO THE LAWS OF THE STATE OF NEW YORK ON THE DATE FIRST SET FORTH ABOVE.

### "STABLE"

STABLE OWNER (SIGNATURE): \_\_\_\_\_ DATE: \_\_\_\_\_

### "OWNER"

HORSE OWNER (PRINTED): \_\_\_\_\_

HORSE OWNER (SIGNATURE): \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (W) \_\_\_\_\_ (H) \_\_\_\_\_