

358 High Point Lane, Chestertown Maryland 21620 phone 443-480-3485/ 410-758-2298

Horse Boarding Agreement

THIS AGI	REEMENT, dated the	day of	, is
	to by and between High P		
Stables), a	nd		(hereinafter referred
to as Own	er). Owner's address and	telephone number are	as follows:
ADRESS:			
	ATE/ ZIP		
Home:	Cell:	EMAI	L:
Fees, Term the date of after the ex as a month- upon the ex term of this following t	the execution of this agreer piration of this agreement, -to-month tenancy. The ren	of this agreement is one ment and ending 30 day with the consent of the tal fee shall be (\$	month period, beginning or s thereafter. Holding over Stable, Shall be construed) per month, payable month thereafter during the eceived by the 10th day arges are a reasonable fee
	se of the premises shall be	for boarding, care, ridin	g, and grooming of the
Owners ho	-		
_	on of Horse(s).		
Name:			
Age:	Color:	Height:	
Breed:		Gender	
Feed: Stal	ole shall board, keep, feed	water and care for the h	orse in a good husband- like

manner.

Risk of Loss: Owner hereby assumes and shall bear the entire risk of loss and damage to the horse(s) from any and every cause, whatsoever, arising out of or connected in any way with this boarding

agreement. Owner agrees to assume and shall bear all responsibility and risk to himself, his employees, agents, and invitees while upon the property of the stables, including engaging or participating in equestrian activities and agrees to hold the stables, its employees and agents, harmless from all damage or liability for any injury to person, horses or property arising for any reason whatsoever in using said premises. Owner agrees to pay any legal fees, and/or expenses, incurred by Stables in defense of claims. Owner fully understands that the Stables does not carry any insurance on any horse not owned by it. Owners are to bear the burden of carrying requisite appropriate insurance on their horse. Stables advise that Owner purchase at Owner's cost, at least minimal mortality insurance to protect against their interest from hazards.

Emergency Care: Stable agrees to attempt to contact owner should it appear that medical treatment is needed for Owners horse; however if the Stable is unable to contact Owner, the Stable is then authorized to secure emergency veterinary and blacksmith care required for the health and well being of said horse. The Stables judgement regarding measures taken for the welfare of the horse shall be conclusively presumed correct. All costs for such care secured shall be paid by the Owner. The Stable is authorized as the Owners agent to arrange direct billing to the owners.

Health: Owner is responsible for all costs of worming, vaccinations, periodic shoeing, and all other costs to keep the horse in a healthy condition.

Default: If Owner fails to pay any fees or amounts herein provided or if Owner fails to perform any other provisions of this Agreement, The Stable shall have the right to exercise any one or more of the following remedies:

a. To sue and recover all fees, and other payments, then accrued or thereafter accruing; b. To sell or retain the horse pursuant to an order authorizing the sale of the horse as provided by law; or to terminate this agreement as to any/all horses.

All such remedies are cumulative and may be exercised concurrently or separately. Owner agrees to pay Stables all reasonable attorneys fees, expenses and costs, including appraised fees and witness fees incurred by Stables to enforce any terms or provisions in this agreement.

Rules and Regulations: Owner shall abide by all the rules and regulations of the Stable whether now in effect or latter adopted.

Executed at_		
on this	day of	20
Owner:		
Stables:		

Customer Contact Information and Credit Card Authorization

Name:				
Farm/Company Name:				_
Street Address:		-		
City/State:				
Zip Code:				
Email :				
Tel:	Cell:			
Credit Card Authorization: I, the undersigned cardholder, aut card for charges in connection widue to High Point Hanoverians, that also be used to pay any outstandinivoice. All bills will be paid priocompletion, expiration or cancella Hanoverians.	th breeding/ hat I request Ing charges as r to horse(s) ation of any o	boarding/ training serve charged to my credit billed if payment is not departure. This authorise ontract into which I have	ices or any oth t card. This cre ot received wit ization shall la ave entered wi	ner amounts edit card will thin 30 days of ast until the th High Point
Card Holder Signature:				
Type of Card (circle): Visa N				
Card Number:				
Expiration Date:/	3 or 4 digi	t security code:		
Name of Card Holder as it appear	s on card:			
Billing Address (if different from	above):			