

DunsNRoses Ranch, LLC



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Mare Care Boarding Agreement This agreement is entered into on this day of , 20 . By and between Post Falls Equestrian Center, a division of DunsNRoses Ranch, llc of Post Falls, Idaho. Hereinafter referred to as "STABLE" And _____ of _____ (name) (city & state) hereinafter referred to as "OWNER". These parties warrant that they have the right to enter into this agreement. INDENTIFICATION: The animal described herein shall arrive at the STABLE properly identified along with any information that may be pertinent or helpful in the handling of the animal with special emphasis on any habits or personal traits. OWNER warrants that he/she owns the horse and will provide, upon arrival, proof of the following: Negative Coggins Test, current immunization record, and a copy of registration papers proving ownership of: One _____, mare in foal known as ___ (year) (color of horse) (breed) (barn name) whose registered name is: (registered name and registration number) HAY: _____ lbs of Alfalfa or Grass or Mix daily (please circle hay choice or indicate mix of both) GRAIN: _____ lbs daily of Rolled Oats plus any supplements provided by owner. IMMUNIZATIONS: Please record the date of prior immunizations required by PFEC: Tet/EE/WE _____, Flu/Rhino _____, West Niles _____, Strangles _____. Date of last deworming: _____ Please be prepared to follow the deworming schedule at PFEC to reduce the risk of infestation.

BOARD: STABLE agrees to provide the following in addition to normal and reasonable care:

- Hay to be fed 2 times daily
- · Grain to be fed once daily
- Fresh water is available at all times.
- Salt blocks are available at all times.
- Stalls and paddocks are cleaned daily and disinfected prior to arrival.

OWNER retains all responsibility and necessary expenses for the care of above named horse consistent with the practices of good animal husbandry, including but not limited to board, feed, deworming, vaccinations, farrier services, routine veterinary care, transportation and insurance. OWNER further warrants that they have inspected the facilities, feeding program and general care routine given by STABLE and they approve of same.

FEES: Board, hay, bedding and mare/foal care all inclusive fee is \$750.00 for a 30 day stay. Additional board for an extended stay is 350.00 per month, or 100.00 per week. The above inclusive fee includes pre and post-partum mare care such as udder and vaginal cleansing, monitoring, and medicating when necessary. Medication will be invoiced out separately at the end of their stay. Foal care to include foaling out, umbilical cleansing and basic imprinting during the first three days following birth. Any medications or veterinary care required is to be the responsibility of OWNER.

All fees are due and payable on the first day of every month. The STABLE has the right of lien as set forth in the laws of the State of Idaho for the amount due for board and services and shall have the right, without process of law, to retain said horse until the indebtedness is discharged by OWNER or said horse is sold by STABLE at private or public auction pursuant to state law.

In the event of an emergency, STABLE agrees to attempt to contact OWNER at the numbers provided below should STABLE feel that medical treatment is necessary for said horse. However, in the event STABLE is unable to contact OWNER within a reasonable time, which shall be judged and determined solely by STABLE, STABLE is then hereby authorized to secure emergency veterinary and/or farrier care by any licensed provider of such care who are selected by STABLE as STABLE determines is required for the health and well being of said horse. The cost of such care shall be due and payable by OWNER within fifteen days from the date OWNER received notice thereof. In the event that OWNER cannot be contacted in a reasonable time, advance authority if hereby given to STABLE to secure care up to, but not to exceed, a stated value of \$______ per incident. ______ (initial here).

If a stated value is not indicated above, STABLE reserves the right to authorize care without financial limitations. INSURANCE COMPANY: ______ PHONE: ______

During the time that the horse is in the custody of STABLE, STABLE will not be liable for any sickness, disease, theft, death, or injury which may be suffered by said horse. This includes, but is not limited to, any personal injury or disability the horse may receive while on or off STABLE premises. OWNER fully understands and hereby acknowledges that STABLE does not carry any insurance on any horse not owned by STABLE, including but not limited to, such insurance for boarding, transporting or any other purposes, for which the horse is covered under any public liability, accidental injury, theft or equine mortality insurance, and that all risks relating to boarding of said horse, or any other reason for which the horse is in the possession of STABLE are to *be borne by OWNER*.

This agreement is a month to month contract, and either party may terminate said contract by giving the other party thirty (30) days written notice thereof. In the event of a default in payment of greater than one (1) month's board, STABLE will retain said horse until fees are collected. OWNER is responsible for all costs of collection, including, but not limited to, reasonable attorney's fees and court costs. The horse may not be transported from premises for any reason other than veterinary care until all indebtedness has been satisfied. If at any time, by decision of STABLE, said horse or OWNER presents a detriment to others, OWNER will immediately remove the horse and forfeit the remaining balance of the month's board.

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

STABLE and OWNER understand that this agreement is complete and all inclusive. Any services not specified are not included. Additional services may be arranged at additional cost through STABLE management. This agreement is subject to the laws of the State of Idaho.

The parties have executed this agreement this _____day of _____, 200____,

I have read and agreed to each section of this agreement:

OWNER

STABLE manager of Post Falls Equestrian Center

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 that he/she and his /her guests and invitees will be bound and abide by these rules, and accepts responsibility for the conduct of his/her guests and invitees according to these rules. Failure to abide by these rules may result in STABLE declaring OWNER in default hereunder and result in immediate termination of this agreement. (OWNER's initials)

PLEASE PRINT:

(Owner's Name)

(Owners mailing address)

(Home phone)	(Work phone)	(Emergency phone)
(Emergency contact)		(Email Address)
(Veterinarian name & phone)		(Farrier name & phone)