



HORSE BOARDING CONTRACT

Horse Name: _____ Color: _____ Registration #: _____

Horse Owner: _____ Stable Name: Go West Stables/Far West Ranch

Address: _____ Stable Address: 6393 Westside Dr

City, State, ZIP: _____ City, State, ZIP: El Paso, TX 79932

Phone: _____ Phone: (915) 494-9000

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

1. Boarding services shall be provided at Stable's address above on a month-to-month basis commencing on _____. Services may be terminated by either party with a 30 day written notice to the other party.
2. In consideration of boarding services, Owner shall pay **30 DAYS IN ADVANCE**, with initial payment due up front on the day the horse is delivered to the Stable. Thereafter, the payment is due every 30 days from the above commencing date on a month to month basis. If full payment is not received every 30 days, late fees of \$5 per day shall accrue for every day late.
3. Owner shall provide the Stable proof of the horse(s) up-to-date tetanus, influenza, and sleeping sickness vaccinations before the horse(s) will be admitted into the Stable, thereafter, Owner shall provide proof of updated influenza vaccinations semi-annually, and updated tetanus 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, the Stable shall be authorized to obtain whatever emergency medical services it deems to be in the horse(s) best interest. 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