



## 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, Letchworth Farm Guesthouses, LLC, hereinafter referred to as 'STABLE', providing services as an independent contractor, located at 8995 Oakland Road Nunda, NY 14517 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 day of booking overnight accommodations. STABLE agrees to board the herein described horse(s) on a day to day / week to week basis commencing the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. 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: \_\_\_\_\_

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

\_\_\_\_\_



3. STABLE agrees to provide the following: 12x12 matted stall in boarding horse barn. Free 24/7 access to water in stall and in pasture. First and Second cutting hay may be provided at additional cost; shavings provided at an additional cost. Grain and or supplements must be provided by owner.

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: \_\_\_\_\_

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 and any agents of 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 (\_\_\_\_\_)\_\_\_\_\_ 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 the day services are incurred.



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: (C) \_\_\_\_\_

Names of local veterinarians:

**Perry Vet**

Coverage In Western & Central NY

Phone: (585) 969-9115

or (585) 237-5550

**Genesee Valley Equine**

Phone: (585) 889-1170

Or after-hours emergency line (585) 327-3434