

Shyanne Smith Stables Boarding Contract

Horse Owner: _____

Mailing Address: _____

City, State, ZIP: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

The parties named above agree that "Horse Owner" (hereafter "Owner") desires Shyanne Smith Stables to provide boarding services described below, and that SSS agrees to do so under the terms described below.

1. Boarding services shall be provided at Shyanne Smith Stables, 2034 west moonlight drive. I ask that you give me 30 days' notice if you will be leaving the barn. Should you leave prior to the end of the month there will be no refund.
2. Owner shall pay to Shyanne Smith Stables the sum of invoice balance on the 10th day of each month for that month's boarding services. If full payment is not received by SSS by the 15th day of the month in which it is due, late fees of \$50 per horse shall be due.
3. Owner shall provide to Shyanne Smith Stables proof of the horse(s) up-to-date Coggins before the horse(s) will be admitted into the barn. Thereafter, Owner shall provide proof of updated Coggins results annually.
4. Owner hereby acknowledges and agrees that Shyanne Smith Stables 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 Shyanne Smith Stables.
5. Owner hereby agrees to indemnify and hold Shyanne Smith Stables 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, Shyanne Smith Stables agrees to contact Owner at the telephone number(s) listed above before obtaining such care. However, if SSS is unable to contact Owner within a reasonable period of time dependent upon the nature of the emergency, then SSS shall be authorized to obtain whatever emergency medical services it deems to be in the horse(s) best interests. 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

HORSE INFORMATION:

Horse Name: _____

Insured? Y or N (circle one)

With Whom: _____

**Please provide a copy of insurance to Shyanne Smith Stables.