

Longbranch Stables Short Term Boarding Agreement

Owner Information

Name: _____

Phone: _____

Address: _____

City, State and Zip: _____

Horse Information

Horse Name: _____ Reg No: _____

Breed: _____ Age: _____ Brand: _____

Sex: _____ Color: _____ Markings: _____

Special Instructions: _____

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Owner's Agreement

I understand I must pay the board (daily or weekly). I hereby grant a lien to Longbranch Stables and Shannon Greenhaw (stable owner) for all unpaid fees. This horse, to the best of my knowledge, has not been exposed to any contagious or infectious disease for two weeks prior to boarding. In an event of an emergency the stable owner will try to contact horse owner if owner is not reachable in reasonable time, the stable owner will contact the veterinarian list below or stable veterinarian. Horse owner consent to all medical treatment necessary and understand all vet charges will be my responsibility.

Veterinarian Information

Name: _____

Phone: _____

Address: _____

Every precaution is taken to protect the horse from illness, accident, fire or theft. The stable owner will not be held responsible for accident, illness, fire or theft, as long as they exercise reasonable care.

I will pay _____ for (daily or weekly) board. Board must be paid in full before horse is released from Longbranch Stables.

Owner's Signature: _____

Date: _____

Management Agreement

The above horse will be boarded in: _____ Stall _____ Stall and turnout _____ Pasture

The following rations will be fed: _____ # 12% AM/PM _____ # Sr AM/PM

_____ Hay

Extras: _____

Horse Arrival Date: _____

Management Signature: _____

The parties agree to abide by Arkansas Equine Activity Statute, ACA 1987 Arkansas Equine Activity Statute 16-120-292.

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