



Currie 805-674-9002
Salina 650-678-6652

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BOARDING AGREEMENT

This Agreement is made on the date of : _____ between, Currie Bailey and or Salina Plumb of CB Performance Horses LLC located at 5350 Linne Road Paso Robles Ca. and

(horse owner) _____ referred to as Owner,) residing at

(address) _____

1. FEES

All board is pro-rated . The owner is given the option to pay a daily fee of \$12 a day enabling you to remove the horse from the facility at anytime without a 30 day notice. Or the owner can pay a flat fee of \$300 per month with the respectful 30 day notice when the horse is leaving.

Therefore, you will be charged for the full month if you take your horse home mid-month.

_____ Please initial that you have read and understand the above statement.

- Full board \$300 a month
- Daily board at @ \$12 a day
- Medical Lay-ups @ 15 a day

All board is paid by owner in advance on the first day of each month and is late if not received by the 10th of each months. The Stable agrees to board the said horse beginning _____

Options to the basic fees paid in the same timely fashion are available as listed below. Each additional service must be circled and initialed by the owner. The options can be changed at any time Stable receives written notice from the Owner. The Fees are subject to change given Thirty days written notice by Stable.

- | | |
|--------------------------------|------------------|
| 1. Training | \$400 per month |
| 2. Half training | \$300 per month |
| 3. Handling for vet or farrier | \$25 per service |

4. Dailey blanketing and unblanketing \$30 per month

5. Trailer Parking \$30 per month

6. _____ \$ _____
(Additional options)

Description of additional options: _____

The Stable will feed lunch if lunch is provided by owner i.e. Grain, pellets or supplements etc.... If extra hay is requested you will be charged additional cost of hay at market price at that time.

2. Description of Horses(s)

1. Name: _____
Age: _____ Color: _____
Sex _____ Breed _____
Approx Height: _____ Reg or tattoo number _____

2. Name: _____
Age: _____ Color: _____
Sex _____ Breed _____
Approx Height: _____ Reg or tattoo number _____

3. Name: _____
Age: _____ Color: _____
Sex _____ Breed _____
Approx Height: _____ Reg or tattoo number _____

3. If no options are chosen the Owner will be expressly responsible for all exercise and it is understood that the horse may be turned out among other horses.

4. Stable agrees to provide normal and reasonable care to maintain the health and well being of the said horse.

5. Risk of Loss

While this horse or horses are boarded at Stable, Stable shall not be liable for any sickness, disease, theft, death or injury suffered by the horse or any other cause of action arising from or in connection to the boarding of this horse. All risks are assumed by the Owner. The Owner agrees to hold Stable harmless from any loss or injury to said horse. All cost, no matter how catastrophic, connected with boarding are borne by the Owner. The Stable strongly recommends carrying major medical and mortality insurance on all of your horses. Please ask for referrals.

6. Indemnity.

Owner agrees to hold Stable harmless from any claim caused by said horse and agreed to pay legal fees incurred by Stable in defense of a claim resulting from damage by said horse(s).

7. Emergency care

If medical treatment is needed, Stable will attempt calling owner, but in the event Owner is not reached, Stable has the authority to secure emergency veterinary and/or blacksmith care. Owner is responsible to pay all costs relating to this care. Stable is authorized as Owner's agent to arrange

billing to the Owner. It is not the Stable's responsibility to haul horse(s) to Veterinary care facility. Stable may haul horse at the request of Owner if the Stable deems safe and a required action. But Owner assumes all responsibility for hauling the said horse(s) and will cover all or any damage done to truck and trailer during haul of the said horse(s) at a cost of \$100 per service .

8. Shoeing and worming

Stable agrees to implement a shoeing and worming program consistent with recognized standards. Owner is obligated to pay the expenses of such services, including a reasonable stable charge. Such bill shall be paid within fifteen days from the date the bill is submitted to owner.

9. Ownership

Owner warrants that he/she owns the horse and will provide, prior to the time of delivery proof of current vaccinations of influenza, tetanus, rhinopneumonitis, and negative Coggins test.

10. Termination

Either party may terminate this agreement, In the event of a default, the wronged party has the right to recover attorney's fees and court cost, resulting from the failure of either party to meet a material term of this agreement.

11. Notice

Owner agrees to give Stable thirty (30) days notice to terminate this agreement. The Owner can not assign the agreement unless the Stable agrees in writing.

12. Right of Lien

Stable has the right of lien as set forth in the laws of the State of California for the amount due for board and additional agreed upon services and shall have the right, without process of law, to retain said horses until the indebtedness is satisfactorily paid in full.

This agreement is subject to the laws of the State of California. The Parties have executed this agreement the _____ day of _____, 2010.

13. Horse History:

Has the said horse(s) had any behavioral issues in the past or present YES NO
Specify: _____

Please list the said horse(s) training level history and competition history. _____

Has the said horse(s) had any history of illness or lameness? I.e. Colic, laminitis, YES
NO
If yes, Please specify _____

When was the last time the said horse(s) saw a vet: _____

When was the last time the said horse(s) was wormed? _____
When was the last time the said horse(s) teeth were floated? _____

When was the last time the said horse(s) was inoculated? _____ and please specify the inoculations _____

Please specify the said horse(s) current diet and if and what supplements you will be providing for the horse(s) _____

Hay _____

Grain _____

Supplements _____

Stable:

Signed by: _____

_____ (address)

_____ (phone)

_____ (email address)

Owner:

Signed by: _____

_____ (address)

_____ (phone)

_____ (email address)