



Stolen Aces Farm

BOARDING/TRAINING AGREEMENT

Arrival Date: _____ Departure Date: _____

This agreement made and entered into on this _____(day) of _____(month)
of the year _____ by and between (Owner of Horse): _____

(Address): _____

(Email Address): _____

(Cellular Telephone): _____

hereinafter called "Horse Owner," and "Stolen Aces Farm, LLC." covers the boarding care and training of the horse described as follows:

Name: _____ Age: _____

Breed: _____ Sex: _____

Registration Number: _____ Color: _____

History of Horse:

1. Does the horse have any known allergies or reactions to medication, wormers, etc? If so, describe:

2. Is the horse prone to having any medical or health problems (i.e., colic, lameness, eye ailments, etc.)? If so, describe:

3. Is the horse insured? If yes, please provide name of insurer, policy number, contact phone number for agent/adjustor and amounts and coverages of insurance:

Stolen Aces Farm, LLC. Agrees That:

1. It will provide a box stall for stabling and shelter of the horse described above.
2. It will provide feed, hay, bedding and basic care for the horse.
3. It will provide an appropriate and thorough training regimen specifically tailored to the horse described above.
4. It will schedule the services of a veterinarian to administer tests and necessary inoculations, a farrier for the periodic shoeing of the horse, and a horse dentist for periodic floating and dental care for the horse described above. (The Horse Owner is responsible for payment of each of these services)

Horse Owner Agrees That:

1. Horse Owner will provide a copy of registrations papers, proof of Negative Coggins Test of the current year, and current records of inoculations, shoeing, dentistry and worming upon horse arrival.
2. Horse Owner will pay Stolen Aces Farm, LLC. the sum of \$_____ per month for stabling, use of the foregoing facilities and the care and feeding of the horse, as described above, payable and due on the 1st of each month. A 2.5% fee is applied to all accounts past due each month. Payments will be accepted via PayPal.
3. Horse Owner will pay for all other agreed upon services as itemized in the monthly statement.
4. Horse Owner understands that any portion of the monthly statement, including but not limited to stabling, may go up in the future. Please refer to the current established rate sheet.
5. Horse Owner agrees to abide by all posted Rules and Regulations.

ATTENTION! UNDER NEVADA LAW, A PARTICIPANT IN EQUINE ACTIVITIES ASSUMES THE RISK OF ANY INJURY, HARM, DAMAGE, OR DEATH AND ANY LEGAL RESPONSIBILITY THAT MAY OCCUR TO PARTICIPANT RESULTING FROM THE INHERENT RISKS ASSOCIATED WITH EQUINE ACTIVITIES. PURSUANT TO NRS 41.519, EQUINE PROFESSIONALS ARE NOT LIABLE FOR DAMAGES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES.

Signature hereon signifies understanding and compliance with the above and acknowledges receipt of a copy.

Horse Owner: _____ Date: _____

Stolen Aces Farm, LLC : _____ Date: _____