



Boarding Agreement

Stable Facility: Cambridge Stables
 Horse Owner: _____
 Owner's Address: _____
 City: _____ State: _____ Zip: _____
 Owner's Phone: _____
 Owner's Alt Phone: _____
 Emergency Contact: _____
 Drivers License #: _____
 If so, list insurance company: _____

Date: _____
 Horse's Name: _____
 Veterinarian: _____
 Vet's Phone: _____
 Coggins: _____
 Last Wormed: _____
 Shots: _____
 Is this horse insured: Yes No
 Insurance Co. Phone: _____

Optional: Exercise \$ _____ Training \$ _____ Wormer \$ _____ Fan \$ _____
 Alfalfa Hay \$ _____ Equine Senior \$ _____ Peanut Hay \$ _____ Total \$ _____

1. I (We) agree to lease Pasture, Large Stall with Turnout, Small Stall with Turnout, Other _____ for \$ _____ per month, payable in advance. Lease to be renewable on a monthly basis. I (We) do understand that the quoted sum above for lease of horse facilities is a flexible one and may be raised at the owner's discretion with 30-day notice.
2. I (We) do understand and agree that I (We) shall make payment for the lease of said facilities on the _____ day of the each month. If that said payment is not made within 10 days action may be taken. Which includes the right of the Stable to place a lien on the horse(s) as set forth in the State of Louisiana for the amount due. I (We) also understand and agree that my (our) possession of the horse(s) can only be re-obtained when I (We) have paid in full to the property owners the sum that is demanded by them for feed and their services rendered. All costs incurred collecting delinquent charges, attorney's fees and court costs shall be responsibility of the owners of the horse(s)
3. I (We) understand and agree that if I (We) intend to terminate this lease that I (We) will give a minimum of _____ days notice to the owners of said termination of lease. I (We) also understand and agree that if my (our) horse are removed from the premises for any length of time (for show purposes, breeding, etc.) that said lease is still in effect and that no refund shall be made for said time the horse(s) is (are) removed.
4. I (We) understand and agree that I (We) will make payment to the owners for damage to said premises incurred by myself or by my horse(s) (beyond reasonable wear and tear).
5. I (We) d understand and agree that I (We) will not hold the property owners responsible for any disease, illness, injury or death to my horse(s) or myself or to my friend, relatives, or acquaintances on the owner's property incurred by water, electricity, snow, ice, hail, fire, building structure, building structure default, wind, act of carelessness, negligence, vandalism or misjudgment, or any other act of God. In addition, I have read and understand the Statue Limiting Liability for Horse Activities in this state.
6. I (We) understand that the stable owner shall not be liable for any injury to the horse(s) or damage to any property should the said horse(s) escape from the enclosure or while on the property.
7. I(We) do hereby give permission to the stable owners to call the above designated veterinarian. I (We) also understand that I (We) will be contacted if possible if the property owners feel that a veterinarian is necessary, due to accident, injury, disease or illness and I (We) also understand that all services rendered by the veterinarian will be at my expense, and that an extra charge will be added to the board if extra attention or care is necessary for my horse(s).
8. I (We) understand and agree that my (our) dog(s) are restricted from the property and that I (We) will honor all "No Smoking" signs and other safety rules.

By signing electronically and submitting this form, you are consenting to the use of your electronic signature in lieu of an original signature on paper. You have the right to request that you sign a paper copy instead. By submitting here, you are waiving that right.

BY SIGNING ELECTRONICALLY AND SUBMITTING HERE I/WE, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK.

Electronic Signature of Lessee _____

Total Amount Due Monthly: \$ _____