

**Four Legged Farms, Inc.
Boarding Contract 2006**

**Chrissy Grieco
13184 Silver Fox Trail
Palm Beach Gardens, FL 33418
Tel: 561-627-2500
Cell 561-371-1830**

This Contract for Boarding is made and entered into this ____ day of _____, 2006, by and between _____, ("Horse Owner"), and Christine Grieco, Four Legged Farms. It is the intent of the Horse owner to utilize Four Legged Farms Facility for Boarding a horse _____ named _____ a registered _____, _____ colored, and _____ years old _____.

REQUIRED BOARDING DOCUMENTATION

The following documentation shall be delivered to Four Legged Farms at the time this Contract is executed:

A copy of Horse's Registration papers (both sides)

A copy of the Horse Mortality Insurance policy with carrier name, and emergency contact numbers, in able to provide timely notification of any horse illness.

A veterinarian's current health certificate including: worming, immunization records and all vaccinations including VEWT, Flu Rhino.

A current (within six months) Negative Coggins test document.

If these documents are not presented upon Horse's arrival, Four Legged Farm shall have the attending veterinarian make proper tests and evaluations at Horse Owner's expense. The Facility requires 24 hour notice of Horse's arrival, so please call and schedule a time to deliver your Horse.

HORSE CARE

The Boarding Facility will use the standard of care at that the stable provides for its own horses, cleaning or stalls once daily, morning and evening feedings, fresh water daily and a daily turn time out 4 hours per day weather permitting. In the event the temperature is below 45 degrees the facility will blanket the horse nightly. Daily, Monthly or Quarterly equine health is the responsibility of the owner. The owner must provide data that all health programs such as de-worming and inoculations are current or the boarding facility will administer them at the owner's expense.

Horse owner provides the Boarding Facility with discretion to handle Medical emergencies if the owner cannot be reached. Within this contract the horse owner request that the Boarding Facility have broad authorization to procure veterinary attention if an emergency arises when the owner is not available on behave of the owner at his/her expense.

PREMIUM FULL CARE BOARDING and FEES

Horse Boarding shall be \$550.00 Per Horse, Per Month
Pasture Boarding shall be \$400.00 Per Horse, Per Month

Horse Boarding Monthly Fees will be at the time the contract is signed and paid one month in advance followed by the next payment due 30 days from the start of Contract. The Boarding Facility requires 30 days advance notice when the horse Owner wishes to remove his/her horse from the Boarding Facility. The Horse will not be released to the Owner or his/her representative until all fees are paid in full. A late charge of \$25.00 will be charged to those accounts not paid within five (5) days of the due date. Except as set forth hereafter. There is to be a thirty (30) day written notice to terminate this contract by either party. This Agreement shall immediately be terminated by Four Legged Farms for the following reasons without exception:

1. Owner abuses his/her horse either through neglect or physical violence, or abuses any other horse or animal at this facility.
2. Owner causes harm to any persons or causes damage to property at the facility
3. Owner does not abide by the rules or regulations of the facility.

All Horse Boarding and Care fees and expenses shall be payable to "Four Legged Farms".

FOUR LEGGED FARMS AGREES

- To provide ample hay (one flak morning and night daily, grain, bedding and water
- Salt blocks and daily worming
- Daily cleaning of the stalls
- Routine cleaning of feed buckets and work areas
- Each horse shall have an assigned stall for feeding and lock-ups or for illness.
- Daily check for nicks, cuts, lumps or bumps, in the event any treatment is required it will be billed at the rate of \$30.00 per hour/\$7.50 per 1/4 hour charge for the doctoring of any injuries
- Application of direct fly sprays supplied by Owner, the Facilities have automatic Fly Sprayers
- Through the feed wormer is fed daily but is supplied by the owner

THE OWNER AGREES:

To make all arrangements for the periodic shoeing/trimming of the horse(s) and assume all cost hereof: A \$30.00 per horse charge for handling horse if owner is not present.

To twice yearly have horse(s) inoculated for Influenza, Rhinopneumonitis (EHV-4) and Potomac Fever in the spring and fall. Inoculations for Tetanus, Strangles, Rabies, Eastern and Western Equine Encephalomyelitis and a Coggins are to be given yearly in the spring.

Proof of such vaccines and current worming records are to accompany horse(s) at their time of arrival to the facility and be maintained for inspection while this contract is in effect.

Owner is responsible to assume all costs thereof. \$30.00 per hour charge per horse for handling if Owner is not present (or \$7.50 per 15 mins.)

All shots are to be given by a licensed Veterinarian.

Four Legged Farms shall have full rights to ownership of the horse(s) in the event the owner fails to pay boarding fees.

Scheduling and Fees of Veterinarian and Farrier are the responsibility of the owner.

The Boarding Facility shall have the right to dispose of the horse(s) for it's full market value to recover the debts, legal costs, labor costs and any other costs associated with recovering the debt.

Owner shall not hold Four Legged Farms agents, manager or employees liable for any damages or injuries to the horse(s), owner, or guests of owner.

All riders given permission by owner to ride their horse(s) must present written permission to do so by the owner and all persons using this facility must have a Release/Waiver on file with Four Legged Farms.

FOUR LEGGED FARMS AND THE OWNER MUTUALLY AGREE:

In the event that the horse(s) should require the services of a veterinarian, Four Legged Farms will immediately contact the owner. In the event the owner cannot be reached Four Legged Farms is hereby authorized as an agent for the owner to call Dr. _____ at _____ and if he/she should be unavailable

Four Legged Farms shall call any other licensed veterinarian that is available. All fees charged by said veterinarian shall be the sole and exclusive responsibility of the owner with no liability whatsoever to Four Legged Farms.

MISCELLANEOUS

This Contract shall not be transferable by the Horse Owner without the prior written consent of Boarding Facility. All persons who shall set foot on the Four Legged Farms Boarding or Breeding facility must have completed and signed a release form attached. The owner agrees to compliance with the sign and warning language requirements post at the Facility. Under Florida Liability Law Four Legged Farms has posted equine signs containing the warnings, mandate and language required. The owner acknowledges they have read and understand the notice.

The owner warrants that they have appropriate medical insurance or have sufficient funds to pay the cost of their own medical care if an injury should arise. Under Equine Activity Liability Act, the owner and each participant who engages in equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities.

In the event of litigation the Boarding Facility shall be entitled to recover any attorney fees and court costs if we prevail in a judgment.

Release/Waiver

The owner does hereby remise, release and forever discharge the said operators of Four Legged Farms, the owners, their employees, heirs, executors and administrators from any and all manner of action and actions, cause and causes of actions, suits, debts, dues, sums of money, accounts, covenants, controversies, agreements, judgments, executions, claims and demands whatsoever, in law or equity, which the said owner now has or which may hereafter arise or which the owners heirs, executors or administrators hereafter can, shall or may have, for any reason of any matter, cause or thing whatsoever against the operators, Four Legged Farms, agents, managers, their employees, heirs, executors, and administrators. The owner further agrees that the consideration

recited throughout this agreement shall be and is adequate for this release and that said considerations have been received by them..

This Agreement constitutes the entire agreement between the parties; any amendments to or modifications of the terms of this Agreement must be in writing. This Contract is entered into, and shall be interpreted and enforced under, the laws of the State of Florida. Should it be necessary for Breeder to employ an attorney to enforce any of the terms of this Agreement, including collection of money owed, the Owner shall pay all reasonable attorneys' fees, costs of suit and other expenses reasonably related to enforcing this Agreement. The owner acknowledges they have read and understand the releases in this contract.

BOARDING FACILITY:

Christine Grieco
Four Legged Farms
13184 Silver Fox Trail
Palm Beach Gardens, FL 33418
Tel 561-627-2500
Cell 561-371-1830
E-Mail: chrissy@fourleggedfarms.com
Web www.fourleggedfarms.com

Signature _____

HORSE OWNER:

Name _____
Farm Name _____
Address _____
City, State, Zip _____
Tel _____
Cell _____
Email _____
Web Site _____

Signature _____

THE FOLLOWING INFORMATION MUST BE COMPLETED AND FURNISHED TO BOARDING FACILITY AT THE TIME THE CONTRACT IS SUBMITTED

A. Horse Information

Horse Name _____ Breed _____

Color/Type _____ DOB _____

Registration No. _____

B: Owner Information

Name of Horse Owner _____

Address _____

City _____ State _____ Zip _____

Telephone _____ E-Mail _____

Emergency Contact _____

Emergency Number _____

C. Veterinary Information for your Horse

Veterinarian's Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ E-Mail _____

Emergency Contact _____

Emergency Number _____

CREDIT CARD INFORMATION

We accept Visa, MasterCard or American Express in payment of the Boarding Fee. Please furnish the following information if you wish to pay with your credit card.

Charge to my: () Visa () MasterCard () AMEX

Breeding Fee	\$
Booking Fee	\$
Collection/Shipping/Container Fee	\$

Card Number: _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _

Expiration Date: _____ **Card Code Number** _____

Name on Card (Please Print): _____

CardHolder's Signature: _____ **Date:** _____