

Cofer Ranch @ Shiloh

4440 Shiloh Road, Loganville, GA 30052

(404) 310-1034

HORSE BOARDING AGREEMENT AND LIABILITY RELEASE FORM

This HORSE BOARDING AGREEMENT is made and entered into as of this ____ day of _____, ____ between, COFER RANCH, hereinafter referred to as 'STABLE', located at COFER RANCH, 4440 SHILOH ROAD, LOGANVILLE, GA 30052, and _____, the owner of hereinafter-described horse(s), hereinafter referred to as 'OWNER', residing at a permanent address of _____.

1. **Fees, Term and Location:** In consideration of \$ _____ per horse per month / day paid by OWNER in advance on the first day of each month, STABLE agrees to board the herein described horse(s) on a _____ to _____ basis commencing the ____ day of _____, 20___. Partial months boarding shall be paid on a prorated basis based on the numbers of days boarded in a standard 30 day month.

Late Fees: Boarding fees paid after the fifth day of the current month may be subject to a late fee.

2. **Description of Horse(s):**

Horse's Stable Name: _____ Horse's Registered Name: _____

Reg#: _____ Registration Association: _____

Breed: _____ Sex: _____ Color and Markings: _____

3. STABLE agrees to provide standard hay and feed twice a day, stall/turnout per reasonable requested schedule, and blanketing as needed, in addition to normal and reasonable care and handling to maintain the health and well-being of the animal(s).
4. Shoeing/farrier services shall be the obligation of the owner.
5. STABLE will provide the necessary worming of the horse as is reasonably necessary; however, such expense for same shall be the obligation of OWNER.
6. OWNER warrants that it owns said horse(s), and will provide prior to time of delivery of said horse(s), to STABLE, proof satisfactory of a negative Coggins test and vaccines current within the twelve-month period immediately preceding delivery of the horse to STABLE.
7. **Risk of Loss:** During the time that the horse(s) is/are in the custody of STABLE, STABLE shall not be liable for any sickness, disease, theft, death or injury which may be suffered by the horse. This includes, but is not limited to, any personal injury or disability the horse may receive while on STABLE's premises. OWNER fully understands and hereby acknowledges that STABLE does not carry any insurance on any horse(s) not owned by STABLE, including, but not limited to, such insurance for boarding or any other purposes, for which the horse(s) is/are covered under any public liability, accidental injury, theft or equine mortality insurance, and that all risks relating to boarding of horse(s), or for any other reason, for which the horse(s) is/are in the possession of STABLE, are to be borne by OWNER.
8. **Hold Harmless:** OWNER agrees to hold STABLE harmless from any claim resulting from damage or injury caused by said horse, OWNER, or his guests and invitees, to anyone, including but not limited to legal fees and/or expenses incurred by STABLE in defense of such claims.
9. **Due to the inherent, unpredictable nature of stallions, and out of primary concern for safety, OWNER, horse(s), guests or invitees shall not make use of the breeding barn facilities without the express permission of STABLE owner/agent.**

10. If the horse(s) require emergency medical care, STABLE agrees to attempt to contact OWNER at the following telephone number(s): _____ before obtaining such care. However, if STABLE is unable to contact OWNER within a reasonable period of time dependent upon the nature of the emergency, then STABLE shall be authorized to obtain whatever emergency medical services it deems to be in the horse(s) best interests. OWNER shall be liable for the cost of all such emergency medical services.

VETERINARIAN:

1st Choice: _____ Phone: _____

2nd Choice: _____ Phone: _____

11. **Notice of Termination:** Either party may terminate this AGREEMENT for failure of the other party to meet any material terms of this AGREEMENT. OWNER agrees that thirty (30) days notice shall be given to STABLE as to the termination of this AGREEMENT.

"STABLE"

STABLE AND STABLE OWNER: Cofer Ranch @ Shiloh, Al Cofer

STABLE OWNER (SIGNATURE): _____

DATE: _____

ADDRESS: 4440 Shiloh Road, Loganville, GA 30052

TELEPHONE: (404) 310-1034

"OWNER" HORSE OWNER (PRINTED): _____

HORSE OWNER (SIGNATURE): _____ **DATE:** _____

ADDRESS: _____

TELEPHONE: (C) _____ : (H) _____ : (W) _____