



6 Swain Drive, Hampton Falls, NH 03844
Phone: (603) 926-7662 www.taylorryverfarm.com
Richard Boulé & Sarah Gove, Trainers

Stabling Agreement

Arrival Date: \_\_\_\_\_

Departure Date: \_\_\_\_\_

This Agreement made and entered into by and between (Owner of Horse): \_\_\_\_\_

(Address): \_\_\_\_\_

(Email Address): \_\_\_\_\_

(Home Telephone): \_\_\_\_\_ (Cellular Telephone): \_\_\_\_\_

hereinafter called "Horse Owner," and "Taylor River Farm, LLC." covers the stabling and care 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 medications, 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: \_\_\_\_\_

Taylor River 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 treatments, 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. He/She will provide a copy of registration papers, proof of Negative Coggins Test of the current year, and current records of inoculations, shoeing, dentistry and worming upon horse arrival.
2. He/She will pay Taylor River Farm, LLC. the sum of \$1,200 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 15th of each month. If paid before the 15th a \$25 discount will be given, bringing the total to \$1,175. A 1.5% office fee is applied to all accounts past due each month.
3. He/She will pay for all other agreed upon services as itemized in the monthly statement.
4. He/She understands that any portion of the monthly statement, including but not limited to stabling, may go up in the future.

ATTENTION! Under New Hampshire 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 R.S.A. 508:19, equine professionals are not liable for damages resulting from the inherent risks of equine activities.

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

Signature of Horse Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Stable Manager: \_\_\_\_\_ Date: \_\_\_\_\_