

Mission Equine, Inc. Faith Equestrian - Mission Farrier School

Mark & Karen Plumlee - Owners
Mission Farrier School

425 985-8321 (cell)
360 862-1406

DAILY BOARDING CONTRACT

Must Be Printed Legibly and Filled Out In Full

Horse Name: _____

Owner's Name _____ Date _____

Address _____ Phone (H) _____

City, State, Zip _____ Phone (W) _____

E-Mail _____ Phone (C) _____

<u>Daily Board</u>	<u>Mares/Geldings</u>	<u>Stallions/Mares w/ Foals</u>
PSERC Breeding	(\$20 day)	(\$25 day)
Lameness Lay-up through Mission Farrier School Cushings, Laminitis, White Line, Navicular Disease	(\$20 day)	(\$25 day)
		Draft Horses \$25/day _____

Hay: Up to 4 Flakes Daily. (These are heavy flakes). Additional Hay - \$1.00/flake
Grain: Up to 4# Daily. Additional Grain - \$1.00/pound

Owners Agreement

I understand that a \$100 deposit is required to Mission Equine, Inc., when my horse arrives at the stable. In addition, if my horse is expected to stay 6 or more days, my credit information is required. Credit cards will be charged every 15 days. My account must be paid in full before my horse leaves the premises.

This horse, to the absolute best of my knowledge, has not been exposed to any contagious or infectious disease(s) for 1 month prior to boarding. (Initials) _____

I hereby consent to any medical treatment deemed advisable in an emergency, by the closest available veterinarian, up to the following dollar amount: \$ _____ (Initials) _____

Insurance Company _____ Phone _____
Veterinarian _____ Phone _____

If you are not able to contact the above veterinarian, I consent to treatment by the stable management, or stable veterinarian. I understand all charges thus incurred will be billed to me. The stable owner and/or management and/or employees shall not, while exercising reasonable care, be held responsible for any accident, illness, injury, death, fire, or theft. I understand and accept the responsibility and risks inherent and associated with stabling, boarding, owning, riding, handling, conditioning, training, breeding and transporting horses, and acknowledge that Mortality, Medical/Major Medical, Loss of Use, and any other insurance is solely my responsibility. I acknowledge that the stable carries Care, Custody and Control at a maximum coverage of \$10,000 per horse and \$100,000 per loss aggregate, AND, I agree to that amount. If I cannot agree with that amount, I will not board at this facility. **I hereby grant a lien to Faith Equestrian / Mission Equine, Inc. for all unpaid charges.**

Owner's Signature _____ **Date** _____
Deposit Amount \$ _____ Cash/Check # _____ Date _____ Received By _____

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DAILY BOARDING CONTRACT

Horse's Name: _____ Foal at Side? _____ Date In: _____
 Color _____ Sex _____ Age _____ Date Out: _____
 Breed _____ Markings _____ Total Days: _____
 Feed: Timothy _____ Alfalfa _____
 Rolled Oats _____ Senior _____
 Any Special Information: _____

Horse's Name: _____ Foal at Side? _____ Date In: _____
 Color _____ Sex _____ Age _____ Date Out: _____
 Breed _____ Markings _____ Total Days: _____
 Feed: Timothy/Grass _____ Alfalfa _____
 Rolled Oats _____ Senior _____ Cadence _____
 Any Special Information: _____

Horse's Name: _____ Foal at Side? _____ Date In: _____
 Color _____ Sex _____ Age _____ Date Out: _____
 Breed _____ Markings _____ Total Days: _____
 Feed: Timothy/Grass _____ Alfalfa _____
 Rolled Oats _____ Senior _____ Cadence _____
 Any Special Information: _____

Horse's Name: _____ Foal at Side? _____ Date In: _____
 Color _____ Sex _____ Age _____ Date Out: _____
 Breed _____ Markings _____ Total Days: _____
 Feed: Timothy/Grass _____ Alfalfa _____
 Rolled Oats _____ Senior _____ Cadence _____
 Any Special Information: _____

Owner Signature _____ **Date:** _____