

OWNER'S AGREEMENT

Owner's Name:				
Address:				
Di				
Phone:	Home/Cell	Wo	rk	Emergency
Horse:	Name	Breed		
	Name	DIE	eu	
	Age	Gender	Color	Height
Dates:	Last Coggins	Last Worming	Last Immunization	Last Shoeing
Special Care Needs:				
charged if not paid charges.	l by the 10th of the n	nonth. I hereby grant a lea	due on the first of each mon in to Sandy River Equestria t been exposed to any con	n Center, Inc. for all unpaid
	eeks prior to boardi		t boon exposed to any con	agious of infootious
•	o any medical treatm rges thus incurred w		an emergency at the manag	gement's discretion. I
• •	•	e horse from illness, accide Id responsible for accident	ent, fire and theft, therefore , illness, fire, or theft.	, the stable owners,
				ous expenses are additional red before moving the horse
•		luding: aisles must be left st be worn by all riders.	open at all times - groomin	g and tacking to be done in
The monthly base accordingly.	board will be \$475.	Costs for additional service	es are available upon requ	est and will be billed
Initial he	ere to signify you ha	ve read and agree to the t	erms set forth. Date horse	e arrived:
_	Date		wner's Signature	
_	Date		anagement's Signature	