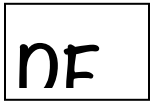


DONIDA FARM EQUESTRIAN CENTER

Board agreement April 2023 April



BOARD AGREEMENT with guest trainer Jose Alejos session, Your board is included in the Training session fees unless you bring the horse in early \$35 for haul-in, (Day stall \$45 extra) or \$750 two week session

THIS IS A LEGAL AND BINDING DOCUMENT.

PLEASE READ AND UNDERSTAND THIS AGREEMENT BEFORE SIGNING.

Boarders of Donida Farm must be in some sort of the Trainers Program, sales, Lessons or other agreed upon by trainer.

THIS AGREEMENT is made between Donida Farm Training Center, 16600 S.E. 376th St. Auburn, WA 98092-9431 (Operator), Gwen Blake (Resident Trainer), independent contractor and _____ Owner. _____.

Owner warrants that he/she has accepted all responsibilities for the Owner(s) of the horse(s) boarded at Donida Farm Training Center.

Seminar horse shall be provided a box stall Board two weeks, feeding and stall cleaning. Feed consists of choice hay either Timothy/Grass or Grain must be provided by the owner and kept in a rodent proof container with required scoop. Multiply supplements/Vitamins must be prepackaged into one serving, labeled and will be fed at AM feeding by staff.

All accounts are payable in advance. All equipment can be kept in the "D" tack room

Signature _____

It is understood that failure to comply with this Agreement or removal of horse(s) without payment of the total unpaid balance shall constitute a breach of contract and a lien shall be imposed on the horse(s) in favor of Donida Farm Training Center. Should past due accounts require legal action for collections; the Owner agrees to reimburse Donida Farm Training Center for all legal and/or related expenses.

Signature _____

Farriers and vets: It is the responsibility of the Owner to clean up debris resulting from farrier work, horse transport, and wash racks after use. Please have all farriers keep their dog in their trucks.

Signature _____

Dogs: We love our resident dogs, cats, and chickens that run free here at the Farm. Please don't bring yours.

Signature _____

Damage. Any damage done by a horse to facility or equipment will be billed to owner. (Example but not limited to: fencing, walls, wheelbarrows, hoses etc.)

Signature _____

Hours of operation-lock-up: The Farm will be closed from 9:00 p.m. until 6:00 a.m. and horse(s) will not be allowed in or out during this period unless prior arrangements have been made with Management. Exceptions can only be made with prior approval of management. If you were the last one to leave the arena, you must turn out the lights. Last one to leave must lock the tack-room area. Signature _____

Operator agrees to attempt to contact the Owner should the Operator feel that emergency veterinary and/or farrier treatment is needed for the horse(s), but if Operator is unable to contact the Owner within a reasonable time, Operator is then authorized to secure emergency veterinary and/or farrier care required for the health and wellbeing of said horse(s). All costs of such care shall be paid by the Owner within fifteen (15) days from the day the Owner receives notice thereof. The Operator is authorized as the Owner's agent to arrange direct billing to the Owner for said emergency care.

Vitamins, salt blocks water buckets, and/or other feed(s) are to be furnished/fed by the Owner unless Additional "Care services" are used. It is the responsibility of the Owners to clean up debris resulting from farrier/vet work or horse transport. If you are the last to leave please make sure the lights are out and lock the tack room. Doors/aisle must be kept close to keep water from freezing in the winter months.

Signature _____

This Agreement is subject to the laws of the State of Washington.

*Please – No outside dogs on the property. If you must bring your dog please leave it in the car. Do not let it run loose beyond the Archway or within the campground areas.

Additional repair charges will apply for any horses destroying or damaging site.

TRAINER: _____ DATE _____ OWNERS EMAIL _____

OWNER: _____ SIGNED: _____ HORSE NAME: _____

DESCRIPTION: _____ FEED A.M. _____ Lunch _____ P.M. _____

HOME PHONE: _____ CELL: _____ EVENING: _____

EMERGENCY: _____

BILL TO: _____

ADDRESS: _____

VETERINARIAN _____ PHONE: _____ FARRIER: _____ PHONE: _____