



WYNOAKS FARM, LLC CONDITIONS OF BOARDING CONTRACT:

1. The undersigned **OWNER** covenants he/she is the owner of the **HORSE** free from any encumbrances and has full right and authority to enter into this contract.
2. Bills will be sent on or around the first of each month. The **OWNER** shall promptly pay **WYNOAKS FARM, LLC** Boarding charges and any other charges relating thereto for the **HORSE**.
3. All bills must be paid within thirty days of the billing date. Payment received after 30 days will be considered late. Bills not paid within thirty days will incur a late fee. The late fee will be 2.0% per month of the amount owed.
4. All **OWNERS** not paid within 30 days will receive late notice at the time of the next billing. If the bill is not paid within 60 days **WYNOAKS FARM, LLC** will send written notification by certified mail that **WYNOAKS FARM, LLC** intends to collect the amount owed through legal channels. The **OWNER** has 30 days to make total payment or a legal action will be pursued.
5. All fees (including boarding, foaling, blacksmith and/or veterinarian fees) must be paid in full to **WYNOAKS FARM, LLC** before the **HORSE** is released to the **OWNER**. The **OWNER** shall notify **WYNOAKS FARM, LLC** of the **HORSE'S** planned departure date. If this does not occur, **WYNOAKS FARM, LLC** cannot guarantee that the bill will be completed by the time of departure and thus cannot guarantee that the **HORSE** will be released on the scheduled departure date. **WYNOAKS FARM, LLC** has first lien on the **HORSE** and absolute right and authority to repossess the **HORSE**, or at **WYNOAKS FARM, LLC** option, to sell such animal and apply such sale moneys to the payment of any amount owed by the **OWNER** to **WYNOAKS FARM**. All remaining unpaid fees become a lien against the **OWNER**.
6. In **ALL** actions, the **OWNER** is responsible for all attorneys and/or collection offices fees incurred by **WYNOAKS FARM, LLC** in the collection of said delinquent accounts.
7. If the boarded **HORSE** is insured, **OWNER** shall notify **WYNOAKS FARM, LLC** in writing prior to the **HORSE'S** arrival.
8. **WYNOAKS FARM, LLC** may refuse to accept or immediately remove any horse determined by **WYNOAKS FARM, LLC** to be dangerous to life and property.
9. The **OWNER** hereby indemnifies and saves harmless **WYNOAKS FARM, LLC** and the Farms's owners, directors, officers, agents and employees and each of them harmless from costs, expenses, damages, claims, demands and actions whatsoever arising from or in regard to the boarding of the **HORSE** and any foal thereof, and the parties agree that this clause shall survive the termination of this contract.

I certify that I have read the above Conditions of Contract and agree to them.

Accepted By: _____ Date Accepted: _____

WYNOAKS FARM HORSE INFORMATION

Boarding Horse Name:	<input style="width: 90%;" type="text"/>
Horse Sex (Circle One):	<input type="checkbox"/> Mare/Filly <input type="checkbox"/> Colt/Gelding/Stallion
Horse Sire:	<input style="width: 90%;" type="text"/>
Horse Dam:	<input style="width: 90%;" type="text"/>
Horse Dam Sire:	<input style="width: 90%;" type="text"/>
Horse Year of Birth:	<input style="width: 90%;" type="text"/>
Last Breeding Date:	<input style="width: 90%;" type="text"/>
Sire of Foal:	<input style="width: 90%;" type="text"/>
# of Foals to Date:	<input style="width: 90%;" type="text"/>
WynOaks to Breed Back:	Yes or No
Sire Name & Standing Farm:	<input style="width: 90%;" type="text"/>
Is the Horse Insured:	Yes or No
Insurance Contact Info:	<input style="width: 90%;" type="text"/>
VACCINATIONS: Evidence of vaccinations listed to the right including date and a negative Coggins are necessary if the horse is to be boarded at WynOaks Farm, otherwise, the horse will be vaccinated or tested upon arrival at owners expense.	<input type="checkbox"/> E & W Encephalomyelitis <input type="checkbox"/> Equine Influenza <input type="checkbox"/> Negative Coggins <input type="checkbox"/> Potomac Fever <input type="checkbox"/> Tetanus <input type="checkbox"/> Rabies <input type="checkbox"/> Clean Culture (Required for Maiden or Open mares.)

OWNER INFORMATION

Name:

Address 1:

Address 2:

City:

State:

Zip Code:

Home Phone:

Work Phone:

Fax:

Cell Phone:

E-mail:

WYNOAKS FARM

BILLING INFORMATION

Name:

Address 1:

Address 2:

City:

State:

Zip Code:

Home Phone:

Work Phone:

Fax:

Cell Phone:

E-mail:

PLEASE NOTE: Simply submitting this form does NOT constitute a valid contract. The contract is subject to the approval of WynOaks Farm, LLC, the availability of sufficient space, and any other conditions indicated in the contract. The contract becomes valid only after it is accepted by WynOaks Farm, LLC.

WYNOAKS FARM, LLC will either call or e-mail to notify you if the contract has been accepted. If the contract is accepted then it immediately becomes legal and binding.