

Mountaintop Ranch FOALING CONTRACT

This foaling contract is made and entered into on this _____-day of _____,

20____, by and between **Mountaintop Ranch** and _____ owner(s) of

mare whose barn name and description is _____

_____.

Mountaintop Ranch agrees to accept said mare for foaling; and it is the plan and intention of the owner to have their mare foaled out. For and in consideration of the agreements hereinafter set forth, the Owner and **Mountaintop Ranch** mutually agree as follows:

1. Owner agrees that **Mountaintop Ranch** and their employees are not liable for the death, sickness and/or accident including consequential damages caused to the mare and foal.
2. It is the responsibility of the owner to carry full insurance on the mare and foal if it is their desire to do so. Owner shall pay **Mountaintop Ranch** for all Foaling Services, Imprint training and all other special Reproduction Services according to the fees stated on the attached sheet. No horse will be allowed to leave **Mountaintop Ranch** Property unless all fees are paid. **Mountaintop Ranch** has the right to claim an agister's lien and perfected security interest in the horse to collect all unpaid fees.
3. In the event that emergency medical care is needed, **Mountaintop Ranch** has permission from the owner to contact a Veterinarian for treatment.
4. Owner agrees to pay **Mountaintop Ranch** for all other medicines or extra care provided that is deemed necessary by a Veterinarian and is not part of the stated fees. \$25.00 per hour is the rate of critical care.
5. **Mountaintop Ranch** has the prerogative not to board mare and foal if 24hr. care is needed for any extended length of time. All fees for such care will be discussed with owner and paid prior to care given.

This contract represents the entire agreement between the parties. When the manager of **Mountaintop Ranch** and the Owner sign this contract, it will be binding subject to the above terms and conditions.

X _____ X _____
Manager **Owner**

Address and telephone of owner

_____ Address

_____, _____, _____
County/City State Zip