

Colt Starting Agreement form



Sam Caporn, Jarrah Valley Equine
Four Star Licensed Parelli Professional
Address: 25614 South Western Hwy,
Yornup 6256 Australia
Email: scaporn@gmail.com
Phone: +61 410 494 381
ABN# 18 837 371 685

Please print, complete and Post the hardcopy well before the start of your horses training, to ensure your position

FEES

A 25% deposit to be collected 1 month before the start date of your horses training. Remaining to be collected when horse is picked up at end of training.

Breakdown of Costs

Colt Starting: 3 week program.

TOTAL: \$ 1500

Handover Clinic (Compulsory for Colt owners): \$200.00 for 2 days

TOTAL: \$ 200

Agistment Fees (Hay included)

TOTAL: \$ 150

***Extras:** All Board, Feed, Vet, Farrier, Bodywork, Wormer, Health Care needs, Emergency Care will be at the cost of the OWNER. See 'Emergency Care' section. Cheques please made payable to 'Jarrah Valley Equine', or bank transfer to

Name: Jarrah Valley Equine

BSB: 036-087

Ac/no: 529 656

Invoice/receipts will be sent for the remaining price at the end of the Colt Start and payments to be received at the collection of your horse.

DESCRIPTION OF HORSE(S)

Name: _____

Age: _____

Colour: _____

Sex: _____

Breed: _____

Insurance Carrier, Policy and phone number *(if applicable)*:

I, _____, hereby confirm that I am the OWNER for the above mentioned horse and give consent for this horse to be handled, started under saddle, transported, boarded, cared for and receive first aid and health care as deemed necessary by TRAINER (Sam Caporn / Jarrah Valley Equine).

FEED AND FACILITIES

TRAINER (Sam Caporn / Jarrah Valley Equine) agrees to provide normal and reasonable care and handling to maintain the health and well being of the horse(s).

OWNER agrees that the facilities and staff caring for and training the horse are acceptable and OWNER is satisfied with the arrangements for the daily routine and care of the horse including feeding, stalling and turnout.

TRAINER (Sam Caporn / Jarrah Valley Equine) has the right to adjust the routine of the horse as it has been shown to me if the trainer believes that the continuing practice may prejudice the welfare of the horse: such adjustments include change of feeding regime, trimming of feet or shoeing, additional rest periods for the horse, dental care and bodywork treatments. OWNER agrees to pay for the additional costs of these services. The OWNER must provide any feed and dietary requirements. Horses will be fed according to OWNER'S request. Horse board, shoeing, dentistry, vet/healthcare needs are extra and will be payable by the OWNER at the end. The OWNER will be consulted before any of these processes are undertake.

RISK OF LOSS

During the time that the horse(s) is/are in the custody of the TRAINER (Sam Caporn / Jarrah Valley Equine) shall *not* be liable for any sickness, disease, theft, death or injury which may be suffered by the horse. This includes, but is not limited to, any personal injury or disability the horse may receive while on the premises. OWNER fully understands and hereby acknowledges that TRAINER does not carry any insurance on any horse(s) not owned by TRAINER (Sam Caporn / Jarrah Valley Equine), including, but not limited to, such insurance for boarding or any other purposes, for which the horse(s) is/are covered under any public liability, accidental injury, theft or equine mortality insurance, and that all risks relating to boarding and training of horse(s), or for any other reason, for which the horse(s) is/are in the possession of TRAINER (Sam Caporn / Jarrah Valley Equine), *are to be borne by OWNER*. Vehicles left on the premises are left at the owner's risk.

HOLD HARMLESS

OWNER agrees to hold TRAINER (Sam Caporn / Jarrah Valley Equine) harmless from any claim resulting from damage or injury caused by said horse, OWNER or his guests and invitees, to anyone, including but not limited to legal fees and/or expenses incurred by TRAINER (Sam Caporn / Jarrah Valley Equine) in defense of such claims.

EMERGENCY CARE

TRAINER (Sam Caporn / Jarrah Valley Equine) agrees to attempt to contact OWNER, at the following emergency telephone number (_____), should TRAINER feel that medical treatment is needed for said horse(s), provided however, that in the event the TRAINER (Sam Caporn / Jarrah Valley Equine) is unable to so contact OWNER within a reasonable time, which time shall be judged and determined solely by the TRAINER (Sam Caporn / Jarrah Valley Equine), is then hereby authorized to secure emergency veterinary care

and/or blacksmith care, and by any licensed providers of such care who are selected by the TRAINER (Sam Caporn / Jarrah Valley Equine), determines is required for the health and well-being of said horse(s). The cost of such care secured shall be due and payable by OWNER within fifteen days from the date OWNER receives notice of cost.

Special Instructions for the horse if any:

To the best of OWNER'S and TRAINER'S (Sam Caporn / Jarrah Valley Equine) knowledge, the HORSE has no unsoundness or health problems on date of arrival which would cause the HORSE to be unfit for regular training.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A CONTRACT BETWEEN MYSELF (OWNER) AND THE TRAINER (SAM CAPORN) AND I AGREE THAT I SIGN OF MY OWN FREE WILL AND THAT THIS AGREEMENT WILL BIND ME AND MY LEGAL REPRESENTATIVES AND THAT IT MAY BE PLEADED IN BAR TO ANY LEGAL ACTION COMMENCED IN ANY COURT CONTRARY TO THE TERMS HEREOF.

AGREEMENT: Executed at: _____ Date: _____

TRAINER (Sam Caporn / Jarrah Valley Equine) Signature: _____

OWNER Signature: _____

Owner's Name: _____

Address: _____

Postcode: _____

Phone: _____

Email: _____