Client: _____

Horse: _____

PEET Equestrian

PEET EQUESTRIAN
Howard & Erica Peet
8116 White Oaks Road
Wonder Lake, IL 60097
(801) 599-8130
www.peetequestrian.com

Peet Equestrian Training Contract

For **Peet Equestrian Training**, Client agrees to pay Peet Equestrian the $1,500.00 Training Fee. This breaks down as Training for $1,000.00 per month/per horse for 5 days of training Tuesday thru Saturday, grooming, and exercising which is provided by Peet Equestrian, **And** Board for $500.00 per month/per horse which includes use of stall and property, 9 flakes of grass hay per day, 4 bags of shavings per week, and cleaning of stall, which is provided by Peet Equestrian.
Client Initial: _____

The Training Fee of $1,500.00 is due and payable to Peet Equestrian by the 5th day of each month that the Client's horse is at Peet Equestrian. Invoices will be sent to Client via email, with breakdown of all charges for each month. Client is expected to pay the full $1,500.00 Training fee on time each month whether or not they receive the invoice. Failure to pay the full Training Fee by the end of the month will result in a late fee of $100.00 dollars if written payment arrangements by Client have not been agreed upon with Peet Equestrian. Additional charges (e.g. farrier, or other independent contractor charge) are to be paid when indicated on invoices, anytime within the month of receiving the invoice. The Training Fee is subject to change by Peet Equestrian upon thirty (30) days written notice to Client. Client Initial: _____

Should the horse require additional hay above the 9 flakes of grass hay per day, extra grass hay can be fed at Client's expense, and these fees will be added in addition to the Training fee listed above. Alfalfa is another option, and may be available at extra cost. Client Initial: _____

Should the horse require additional shavings above the 4 bags per week, extra bags of shavings can be used at Client's expense, and these fees will be added in addition to the Training fee listed above. Client Initial: _____

Grain **is not included** in Training Fee and will be supplied at Client's expense. We are happy to discuss grain options with Client. Client can use any grain they like, as long as Peet Equestrian can get it from the local feed store, Grayslake Feed Sales Inc, or if Client can get it delivered to the Peet Equestrian property. Client Initial: _____

If the horse requires any supplements/vitamins/medications etc added to the grain, it is the responsibility of Client to purchase required supplements/vitamins/medications, deliver them to Peet Equestrian and provide Peet Equestrian with specific instructions as to feeding of supplements/vitamins/medications. Our local feed store, Grayslake Feed Sales Inc may be able to deliver needed supplements. Client Initial: _____

Client agrees to reimburse Peet Equestrian for any excessive damage to stable/property or equipment caused by Client or Client's Horse, such as *excessive* wood chewing, breaking fencing or stall, vehicular damages, etc. Client Initial: _____

Lessons are $60.00 per hour and must be scheduled. We do not allow walk-in lessons, as it disrupts our already busy daily schedules. Please make the appointment at least 1 day ahead. Client Initial: _____

The Training fee **does not include** the fees charged by independent contractors - veterinarian, farrier, etc. *or any other service not specified above*. The fees associated with an additional service rendered to Client's Horse must be paid by the Client. Client Initial: _____

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Horse Health and Soundness

I, _____ (client), represents that the Horse named _____, described in this agreement is to the best of Client's knowledge, healthy and sound, free from transmittable illnesses or diseases, and is current on immunizations for Flu and Rhino.

Client Signature: **X** _____ Print: _____ Date:_____

Client **must** provide Peet Equestrian with:

- Health Certificate issued within the past sixty (60) days. Included **Yes / No** PE Initial: _____
- Current Coggins. Included **Yes / No** PE Initial: _____
- Record of Immunizations. Included **Yes / No** PE Initial: _____

Client's Veterinarian- Name & Contact Info:_____

Emergency Information

Howard and Erica Peet of Peet Equestrian do live on the premises of Stable Property and are able to observe the horses kept there. Peet Equestrian does have an employee to keep watch of horses when Peet Equestrian is away. If Peet Equestrian and/or the Peet Equestrian employee determines that Client's horse has become injured or ill, Client shall be notified as soon as possible at the telephone numbers specified in this contract. However, if Client is unable to be reached to inform Peet Equestrian of allowed measures to be taken, or if Client's horse health requires emergency action, the right to contact a veterinarian/farrier or to furnish other advisable attention is within Peet Equestrian's discretion, and shall, under emergency circumstances, act as Client's agent to procure medical attention.

I, _____ (client), agree to allow Peet Equestrian to act as Client Agent in the event of an emergency concerning the Client's Horse named_____, if the Client cannot be reached to authorize treatments. A maximum amount of $ _____ is authorized by Client to have put towards treatments in the event that Client cannot be reached in an emergency and Peet Equestrian has to act as Client Agent to authorize treatments. Peet Equestrian will not be responsible for payment of incurred fees due to emergency injury/illness. Client shall be solely responsible for payment of associated injury/illness veterinary/farrier fees.

Client Signature: **X** _____ Print: _____ Date:_____

Feed and Supplements

I, _____ (client), agree to hold harmless and release Howard Peet, Erica Peet, Peet Equestrian, and their respective employees, agents, insurers, representatives, and others acting on their behalf from liability for any and all medical conditions, injuries, damages, or losses to Client's horse arising out of feeding hay, grain, and supplements/vitamins/medications specified by the Client and fed to Client's horse by Peet Equestrian and or their employee.

Client Signature: **X** _____ Print: _____ Date:_____

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Feed Store

Peet Equestrian uses Grayslake Feed Sales Inc., located at 21 N Seymour, Grayslake, IL 60030, for supplying grain, supplements, feed, and other miscellaneous supplies. Client **must** open an account with Grayslake Feed Sales Inc. by calling them at (847)223-4855. Inform them that you are part of the Peet Equestrian barn in Wonder Lake. Client can set a spending limit to be charged to their credit card, but it must be an amount sufficient to cover general grain and supplement costs. Any unusual supplies or extra feed or supplements will be discussed with Client prior to placing orders. Orders are placed by Peet Equestrian on Tuesday mornings of each week. Client Initial: _____

Independent Contractors

Client understands that independent contractors such as veterinarians, equine dentists, and farriers, grooms, etc operate as wholly independent businesses and are not employees, partners, or in joint venture with Peet Equestrian. Client also understands Peet Equestrian recommends these professionals as a courtesy and Client is free to choose their own veterinarian, dentist and farrier, etc. Client agrees to hold harmless and release Peet Equestrian and their respective employees, agents, insurers, representatives, and others acting on their behalf from liability for all medical conditions, injuries, damages, or losses of Client's Horse named _____(herein referred to as Horse), arising out of any services provided to the Client's Horse by any independent contractor such as the veterinarian, equine dentist or farrier, etc. while their Horse is under care of Peet Equestrian. Client also understands that all fees charged by the veterinarians, equine dentists, and farriers, etc, are the sole responsibility of the Client to pay, and are expected to be paid in a timely manner.

Veterinary & Dental Care

Peet Equestrian uses veterinarian, Dr. John Hanover of The Animal Hospital of Gurnee for most veterinary needs. Client **must** open an account with his office by calling at (847)360-1630. Address for office is, 38028 N Dilleys Road, Wadsworth, IL 60083. Please discuss the maximum amount to charge, in the case of an emergency where you (Client) cannot be reached. Client shall be solely responsible for payment of veterinary fees. Client Initial: _____

Peet Equestrian **requires** that the Client's Horse is current on dental care and will require proof of last dental care work performed from Client's Vet/Dentist. Peet Equestrian feels **very strongly** on the matter of current dental programs and believes it is a must for the Horse to start training. The dental work must have been done within the last 6 months prior to beginning training. If the Client's Horse is not up to date on dental care, Peet Equestrian uses above mentioned vet, Dr. John Hanover, to perform dental care. Owner will be responsible to pay all costs relating to dental care. Client Initial: _____

Owner agrees to a worming & immunization program set by Peet Equestrian. Many shows **require** Flu/Rhino shots to be done within 6 months of attending a show. Owner will be responsible for all costs relating to this care. Client Initial: _____

Farrier Work

Peet Equestrian uses the farrier Riaan Van Der Westhuizen, who makes regular visits to Peet Equestrian. Peet Equestrian will add the farrier fee to the billing cycle before the farrier is to arrive. The farrier prices are fairly regular, but should there be a change the difference will be billed or credited on the next billing cycle. Riaan can be reached at 224-288-9642 if there are questions about the services performed. Horse will be trimmed and/or shod about every six weeks, based on individual Horse's needs. Owner will be responsible to pay all farrier fees. Client Initial: _____

I, _____ (client), have read, understand, and agree to have Independent Contractors work with my Horse, and to pay the bills related to their work.

Client Signature: **X** _____ Print: _____ Date:_____

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Illinois Equine Law:

WARNING

Under the Illinois Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities.

I, _____ (client), have read, understand, and agree to adhere to the Illinois Equine Activity Liability Act statement.

Client Signature: **X** _____ Print: _____ Date:_____

Termination of Training Contract

Client has the right to request to end this *Training Contract* and/or any Addendum Contracts with Peet Equestrian but **must** give a written, 30-day notice of intent to leave. However, Client understands and agrees that the Horse trained under this agreement will not be released from Peet Equestrian until all fees owed to Peet Equestrian are paid in full.

I, _____ (client), have read and understand the Termination of Training Contract clause, and understand that all fees owed to Peet Equestrian are to be paid in full prior to Horse being released.

Client Signature: **X** _____ Print: _____ Date:_____

Lien for Delinquent Money

Peet Equestrian has the right of lien for any delinquent monies past (90) days, for the amount due for training, boarding, showing, lessons, and additional agreed upon services and shall have the right, without process of law, to retain Client's said Horse until the indebtedness is satisfactorily paid in full. This is the last route we would wish to take to. Please communicate with us the moment you feel that keeping payments up to date with Peet Equestrian may become a problem.

I, _____ (client), hereby grants Peet Equestrian a possessory lien against the Horse named _____, for the value of any unpaid training/ boarding/showing/lesson or other fees due to Peet Equestrian under this *Training Contract* and any of its Addendum Contracts. Client agrees that in the event that the specified training/ boarding/showing/lesson fees are not fully paid within ninety (90) days after the same have become due and payable, in accordance with this agreement, Peet Equestrian shall be permitted to exercise lien rights. Peet Equestrian shall give Client at least fourteen (14) days prior notice of any such intention to exercise lien rights.

Client Signature: **X** _____ Print: _____ Date:_____

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Horse Arrival Information

Peet Equestrian acknowledges the arrival and acceptance of Horse, named _____ from Client,_____, on date_____ for training under this *Training Contract*. Peet Equestrian has inspected Horse and finds it to be in the following condition and notes how to proceed with work to be started by Peet Equestrian. Any notes, including photos, about the inspection shall be shared with the Client. PE Inspection Notes of Horse:_____

_____

_____

_____

_____ Photos included? **Yes / No** PE Initial: _____

Peet Equestrian Signature: _____ Client Signature: _____

Health Certificate Included **Yes / No** PE Initial: _____ Current Coggins Included **Yes / No** PE Initial: _____

Immunization Record included **Yes / No** PE Initial: _____

Client has inspected Peet Equestrian's Property and is satisfied that Peet Equestrian presents a safe and suitable environment for Client, Horse, and Client's family or guests. Any notes about the inspection shall be shared with Peet Equestrian. Client Property Inspection Notes: _____

_____

_____

_____

Client Signature: _____ Peet Equestrian Signature: _____

Feed: Tell us your Horse's current feed program. We will use this as the base line for feeding and if needed, safely switch to the feed program that will work during the Horse's time in training. We will keep you updated on feed program changes.

Hay Type and Amount per day; _____

_____

Grain: Yes / No If YES, name of Grain and portions: _____

_____

_____

Other Supplements/Medications & Dosing Instructions: _____

_____

_____

_____

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Horse Information

Registered Name of Horse _____ Barn Name: _____

Date of Birth: _____ Color: _____ Breed: _____

_____ Stallion / _____ Mare / _____ Gelding

History, Habits, Vices: _____

_____

_____

Allergies &/or Health Issues: _____

_____

_____

Insured? **Yes / No** If yes, list Insurer, Phone # & Policy #: _____

_____

Date Dental Work was last done _____ Dental Record included? **Yes / No** PE Initial: _____

Date of last Farrier Visit: _____ Date of last Worming & Product Used: _____

Training Goals/Plan for Horse: This Training Goals/Plan can be updated by Peet Equestrian and Client at any time.

_____

_____

_____

_____

_____

_____

_____

Should Client choose to have their horse shown by Peet Equestrian at a competition, the Client will need to fill out and agree to terms of the Peet Equestrian "*Show Handling Contract"*, which will be considered an Addendum to this "*Training Contract"*. Client will be bound to all terms in both Contracts. Release of Liability, Terminations, Indemnity, and Liens covered in the "*Training Contract"* also apply as terms of the "*Show Handling Contract"*.

I, _____(Client), have read, understood, and agree to be bound to the entire 7-page *Training Contract* with Peet Equestrian.

Client Signature: **X** _____ Print: _____ Date:_____

Peet Equestrian Signature: **X** _____ Print: _____ Date:_____

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Horse Information:

Horse's Registered Name :_____ DOB: _____

Registration Association Name & #:_____

Other Registration Association Name & #:_____

USEF Recording#:_____ USDF Recording#:_____

Working Eq.#:_____

Western Dressage #:_____

Client Information:

Client Name: _____ Spouse/Partner Name: _____

Primary Phone:_____ Other Phone:_____

Email Address:_____

Mailing Address: _____

Physical Address : _____

Farm Name: _____

Client Memberships:

IALHA # and Name:_____

USPRE # and Name:_____

ANCCE Breeder Código and Name: _____

USEF # and Name:_____

Safe Sport Trained Date:_____

USDF # and Name:_____

Working Eq. #: _____ Breed Recognition: _____

Western Dressage #: _____

Carriage Association of America #: _____

Other Membership # and Name: _____

Other Membership # and Name: _____