

## Mare Information Sheet

### PLEASE RETURN WITH CONTRACT!

Please attach a copy of the Jockey Club registration papers.

Owner's Name \_\_\_\_\_ Telephone (work) \_\_\_\_\_

Address \_\_\_\_\_ (home) \_\_\_\_\_

\*It is often easiest to communicate by e-mail. Please include if available: E-mail \_\_\_\_\_

Social Security # \_\_\_\_\_

Mare's Name \_\_\_\_\_ Color \_\_\_\_\_ Mare's Status ( ) Barren

Sire \_\_\_\_\_ DOB \_\_\_\_\_ ( ) In Foal

Dam \_\_\_\_\_ ( ) Slipped

Dam's Sire \_\_\_\_\_ ( ) Maiden

Stallion Bred to in \_\_\_\_\_ Last Bred Date \_\_\_\_\_

Farm and State Stallion Stands \_\_\_\_\_ Date Foaled \_\_\_\_\_

Farm mare boarded in 2014 \_\_\_\_\_ Foal Color \_\_\_\_\_ Sex \_\_\_\_\_

**STALLION TO BE BRED TO IN** \_\_\_\_\_

### Mare Production History (last two years)

Foal DOB	Color & Sex	Sire of foal
1. _____	_____	_____
2. _____	_____	_____

### Mare's Health History

#### \*PLEASE DESIGNATE DATES VACCINATIONS WERE GIVEN!

Rabies \_\_\_\_\_ Rhino/Pneumabort \_\_\_\_\_ West Nile x 2 \_\_\_\_\_

EEE/WEE \_\_\_\_\_ Influenza \_\_\_\_\_ Strep \_\_\_\_\_ Tetanus \_\_\_\_\_

Rota Virus \_\_\_\_\_ Dewormer and Date \_\_\_\_\_

Past Surgeries \_\_\_\_\_

\*This section must be filled out in full. All horses must be current on vaccinations upon arrival. Horses that are not current or arrive with inadequate records will be vaccinated by Gray Farms at the owner's expense.\*

### Insurance

Is Mare Insured? \_\_\_\_\_ Contact # \_\_\_\_\_

Insurance Agent \_\_\_\_\_

Date: \_\_\_\_\_

Signature Owner/Agent: \_\_\_\_\_

### Emergency Care Form

EMERGENCY CARE \*\*\*NOTE\*\*\*: The main reason for this clause is for the acute, severe colic case. For many of them, time is of the essence IF surgery is to be effective. This form, if properly filled out, will help your caretaker give prompt treatment to your horse in the manner you wish. Should the horse(s) you have boarded at Gray Farms experience a case or serious injury or illness and you are not available for consultation, the above named equine facility/person should:

- Have the attending facility veterinarian institute appropriate treatment that can be carried out at the facility, but DO NOT SHIP to a veterinary clinic. If the attending veterinarian at the facility can not save the horse(s), I authorize the horse(s) to be euthanized.
  - If, in the opinion of the attending veterinarian, the horse(s) requires prompt surgical intervention and/or intensive care in order to save its life, SHIP THE HORSE(S) to an appropriate equine veterinary clinic. In case of severe colic, exploratory surgery is necessary to discover what is causing the pain. This surgery cost approximately \_\_\_\_\_.  
At this point, the attending veterinarian at the equine clinic can give the equine facility representative a fairly good estimate of the probability of survival and the cost. At this time, I authorize the equine facility representative to:
    - A. Have the veterinarian do whatever is deemed necessary to try to save the horse(s), without consideration of expense.
    - B. Have the veterinarian do whatever they can to save the horse(s), but limit the cost to \$\_\_\_\_\_ (fill in the dollar amount in excess to \$6000). If in the estimation of the veterinarian, the horse(s) cannot be saved for the limit I am setting, the equine facility representative is authorized to have the horse(s) euthanized.
- \*\*\*NOTE\*\* Most surgical colic cases end up costing in the \_\_\_\_\_ range.  
However, some have cost \_\_\_\_\_ and above, depending on particular cause and complications.

Please check the appropriate box and initial. If you have marked the second option, you MUST either mark A. or B. BE ASSURED THAT GRAY FARMS WILL MAKE EVERY EFFORT TO CONTACT YOU and will Act in the best interest of your horse(s) and within the limits you have indicated.

I have read the emergency care clause and authorize the actions I have indicated above:

_____	_____
Date	Owner/Agent Signature

NAME OF HORSE(S) COVERED BY THIS AGREEMENT:

NOTE: If your horse(s) is insured, you may be required to do what is necessary to save the animal regardless of cost to abide by the policy. Name, address, and phone number of insurance company:

PLEASE LIST ALL PHONE NUMBERS AND PERTINENT E-MAIL ADDRESSES WHERE WE SHOULD ATTEMPT TO CONTACT YOU:

WARRANTY: Owner warrants that he or she owns the horse(s) and that there are no liens against the horse(s). If an agent or Owner Executing this agreement, such agent warrants that he or she is duly authorized to act for and on behalf of the owner.

## BOARDING AGREEMENT

This AGREEMENT between GRAY FARMS and the Owner of the Horse(s) \_\_\_\_\_ (name(s)) is dated as of \_\_\_\_\_ in Cottonwood California.

The Owner desires to provide for boarding the horse(s) listed above, accordingly, the parties agree as follows:

1. The Owner either individually or together with others, for whom the Owner is an authorized agent, owns 100% of the horse(s) and has full right and authority to enter into this agreement and agrees to be personally bound. There are no prior liens or encumbrances on the horse(s).
2. The Owner shall deliver the horse(s) to Gray Farms at the sole expense and risk of the Owner and, at such time as the horse(s) shall depart Gray Farms, it too shall be at the sole expense and risk of the Owners.
3. The Owner agrees to deliver the horse(s) to Gray Farms properly identified in accordance with industry customs, in good general health and condition, and free from disease. Prior to delivery, the Owner shall furnish Gray Farms with all pertinent information that may be helpful in the care, handling, and/or breeding of the horse(s), but not limited to information requested on the Mare Information Sheet.
4. The Owner of the horse(s) agrees that the Owner is familiar with the facilities of Gray Farms, and approves of such facilities and the care provided to horse(s) boarded thereon.
5. Gray Farms agrees to provide board: feed and general care services for any horse(s) covered by this Agreement. The undersigned agrees to pay Gray Farms' published rates, therefore, as the same shall, from time to time, be established. The same shall not be increased without a thirty (30) days prior notice. Owner's initials indicated that Owner is aware of and accepts Gray Farms' published board rates. \_\_\_\_\_ Initials required.
6. Any board, feed, general care, foaling charges, training charges, veterinary charges, shoeing charges, and any and all other charges, fees, and costs incurred by Gray Farms on behalf of, or for the benefit of the Owner, shall be due as billed monthly, and all outstanding charges, owed by Owner, shall be paid prior to the time the horse(s) leaves Gray Farms, together with interest at 1 ½ % per month, compounded monthly, or the unpaid balance.
7. In the event of any dispute over the terms of this Agreement or if any amounts due under this Agreement are not paid when due, then to the extent permitted by law, the owner shall pay any court costs and attorneys' fees incurred by Gray Farms to collect such amounts.
8. In addition to any and all statutory liens to which Gray Farms may be entitled, Owner hereby grants to Gray Farms a security interest in the horse(s), and foals of the horse(s), the Stallion Service Certificate for any such foal, and any and all proceeds there from, including insurance proceeds, all to secure payment of all amounts due under this Agreement. Gray Farms shall be entitled to retain possession of the horse(s) and any foal(s), to perfect its security interest, therein. Nevertheless, upon request, the Owner shall execute financing statements with respect to the horse(s) and any such foal, and proceeds thereof. In the event the Owner shall fail to execute such financing statement, Owner constitutes and appoints Gray Farms as agent and attorney-in-fact, to execute the financing statement on behalf of Owner, as debtor. Owner also consents to have Gray Farms execute any and all other documents and certificates needed to effectuate the agreement.
9. For and in consideration of the mutual release and other considerations in the agreement, Gray Farms hereby releases Owner from any liability for sickness, disease, accident, or injury, or loss of any stallion, mare, or other horses under the care and control for Gray Farms arising out of the condition or acts of the horse(s), and Owner hereby releases Gray Farms, its owners, agents, and employees for any liability for sickness, disease, accident, injury, or loss of the horse(s), or any foals while in the care, custody, and control of Gray Farms, or while in transportation. Owner assumes all risk of loss or damage to Owner's horse(s), or any foals, and will insure the same at Owner's discretion. \_\_\_\_\_ Initials Required.

10. This Agreement is personal to Owner and may not be assigned or transferred in whole or in part by sale, exchange, or other assignment, and there shall be no substitution for the Mare without prior consent of Gray Farms.
11. The parties, hereto, further acknowledge that the within agreement is non assumable and contains the entire Agreement of the parties, and neither of the parties hereto is relying upon and verbal assurances, of any nature, that are not contained in the Agreement.
12. This Agreement shall be binding on, and inure to the benefits of, the parties, hereto, their heirs, executors, administrators, successors and assigns.
13. This Agreement shall be governed by, and construed in accordance with, the laws of the State of California and any suit concerning this Agreement shall be venued in the Superior Court for Shasta County, which is agreed to have jurisdiction.

This Agreement is executed in duplicate, each of which shall constitute an original and, all of which together, shall constitute one and the same instrument. Facsimile and counterpart signatures are acceptable.

GRAY FARMS

OWNER

By: \_\_\_\_\_  
SIGNATURE

By: \_\_\_\_\_  
SIGNATURE

NAME (printed)

NAME (printed)

\_\_\_\_\_

\_\_\_\_\_

STREET

STREET

\_\_\_\_\_

\_\_\_\_\_

CITY, STATE, ZIP

CITY, STATE, ZIP

\_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER

PHONE NUMBER

\_\_\_\_\_

\_\_\_\_\_

FAX NUMBER

FAX NUMBER

\_\_\_\_\_

\_\_\_\_\_

E-MAIL

E-MAIL