

BUDDY ULDRIKSON HORSEMANSHIP

P. O. Box 97 Congress, AZ 85332
www.buddyuldriksonhorsemanship.com
928-684-7392

Horse Training Agreement

THIS AGREEMENT dated _____, 2009 by and between
BUDDY ULDRIKSON (BUDDY ULDRIKSON HORSEMANSHIP) (“TRAINER”) and
_____ (“**OWNER**”)
is for the training services of **OWNER’S** horse(s) referenced as or named
_____.

UPON DELIVERY OF HORSE, OWNER must present **TRAINER** a copy of the negative Coggins. **OWNER** agrees that the training services will be for a term of **30 days** for the total amount of **\$700.00**, which will include feed and board. **There will be no refunds if OWNER picks up their horse before the 30 day period has ended.** **OWNER** must remit upon delivery, the total amount of **\$700.00**, which is payment for **30 days** of training services. **TRAINER** will be responsible for supplying feed and hay for the horse while in training. After the training days are completed and the **OWNER** would like for the horse to stay additional days or if training period exceeds the initial time period, a cost of **\$25.00 per day** will be charged. **THIS CHARGE IS IN ADDITION TO THE ORIGINAL AGREED AMOUNT AND WILL INCLUDE FEED AND BOARD ON A PER DAY BASIS.** Should **OWNER** request horse to stay in training for an additional 30 days, an additional **\$700.00** must be delivered, paid through Pay Pal or mailed to Buddy Uldrikson of Buddy Uldrikson Horsemanship, Inc. at that time. **A LATE FEE OF TEN (10%)**

_____ Initial here if you have a stud, mule or severe problem horse. Additional fees may apply. Total monthly fee is \$_____.

PERCENT WILL BE ASSESSED FOR ANY PAYMENT NOT RECEIVED AFTER THE 5TH DAY OF THE TRAINING PERIOD START DATE AND \$5.00 PER DAY ADDED AFTER THE 6TH DAY UNTIL THE ACCOUNT IS PAID IN FULL.

OWNER agrees that **TRAINER** shall not be responsible for any injuries, health problems, accidents, loss due to theft, death, etc. that might occur to **OWNER’S** horse while in **TRAINER’S** custody.

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In the event an accident or injury occurs, **OWNER** gives **TRAINER** permission to contact **TRAINER'S** veterinarian to provide immediate medical services. All medical expenses that are provided by **TRAINER** will be at **OWNER'S** expense.

If additional hoof care is needed during course of training period, **OWNER** gives **TRAINER** permission to provide services at **OWNER'S** expense.

OWNER also agrees to indemnify and hold **TRAINER** harmless and defend (with **TRAINER** to choose defense counsel) for any damages caused by **OWNER'S** horse to any property, to **OWNER** or other persons and for any indirect or consequential damages that may occur as a result of any of the foregoing.

FIELD TRIPS: Horse **OWNERS** will have the option to pay additional **\$25.00** per outing to take horse to other facilities for further training/exposure. Field trips are taken once a week to various locations.

STALLIONS will be an additional **\$50.00** per month for training.

All horses that are sold by **TRAINER** will pay a **ten percent (10%)** commission to **TRAINER** due at final sale.

AGREED upon this _____ day of _____, 2009.

OWNER

BUDDY ULDRIKSON HORSEMANSHIP, INC.

BUDDY ULDRIKSON

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HORSEMANSHIP**

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Horse Training Contact Information

Date Horse Received:

Pick Up Date:

Horse's Name(s):

Owner's Name:

Address:

Home Number:

Work Number:

Cell Number:

Email Address:

Horse Insurance Coverage Provider:

Provide Copies of:

Horse Insurance ()

Coggins Papers ()

Medical/Shot Records ()

Field Trip Option: ***Accept*** ()

Decline ()

Additional Information: