



AMADO EQUINE HACIENDA, LLC.

PO Box 851, AMADO, AZ 85645

BOARD AGREEMENT 2026

NAME OF OWNER _____ ADDRESS _____

PHONE (HOME) _____ (WORK) _____ (EMERGENCY) _____

NAME OF HORSE _____ COLOR _____ AGE _____ SEX _____

This AGREEMENT is subject to the laws of the State of Arizona. This agreement is made by and between Amado Equine Hacienda, LLC, hereinafter referred to as "STABLE" and (Owner's name) _____, hereinafter referred to as "OWNER". These parties warrant that they have the right to enter into this AGREEMENT.

- FEES, TERMS and LOCATION:** In consideration of \$ _____ including riding privileges per horse, per month paid by OWNER in advance on the first of each month, STABLE agrees to board the herein described horse(s) on a month-to-month basis commencing on the date written below. Partial month boarding shall be paid on a pro-rata basis based on the number of days boarded in a standard 30-day month. *Initial* _____
- ROUTINE CARE, FARRIER AND VETERINARY SERVICES:** STABLE agrees to organize and assist in providing services, in addition to normal and reasonable care and handling, to maintain the health and well-being of the horse(s). Upon arrival of horse(s) to STABLE, proof of current tetanus, rhinopneumonitis, EEE, EWE, rabies, and influenza vaccination is required. Upon arrival of horse(s) to STABLE, a current negative Coggins test is required.

OWNER authorizes STABLE to act as agent for OWNER for the purpose of providing routine farrier and veterinary care. OWNER is obligated to pay the expenses of such services, including a reasonable stable charge. Such bills shall be paid within fifteen (15) days from the date it is submitted to OWNER.

All horses will be kept on STABLE vaccination schedule which includes: Flu and Rhino biannually, and Eastern & Western Encephalitis, West Nile virus, Tetanus, Strangles, and Rabies, annually. OWNER will provide STABLE with current vaccination information and bring horse into compliance with STABLE schedule at OWNER'S expense. *Initial* _____

- EMERGENCY CARE:** STABLE agrees to attempt to contact the OWNER at above listed emergency telephone(s), should STABLE feel that medical treatment is needed for said horse(s), provided however, that in the event the STABLE is unable to contact OWNER within a reasonable time, which time shall be judged and determined solely by STABLE, STABLE is then hereby authorized to secure emergency veterinary care and/or farrier care, and by any licensed providers of such care who are selected by STABLE, as STABLE 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 received notice thereof. OWNER agrees to reimburse STABLE for the full amount. *Initial* _____

- EQUINE INSURANCE (if insured):** NAME, ADDRESS, POLICY NUMBER AND PHONE NUMBER OF INSURANCE COMPANY _____

OWNER shall be solely responsible for maintaining insurance on horse including public liability, accidental injury, theft and equine mortality insurance. All risks, including but not limited to, sickness, disease, astray, theft, death and/or injury connected with training, boarding, handling and/or transporting horse, are to be borne solely by OWNER. *Initial* _____

- RISK OF LOSS:** During the time that the horse(s) is/are in the custody of STABLE, STABLE 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 STABLE'S premises. OWNER fully understands and hereby acknowledges that STABLE does *not* carry any insurance on any horse(s) not owned by STABLE, 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 related to boarding of horse(s), or for any other reason, for which the horse(s) is/are in the possession of STABLE, *are to be born by OWNER*. *Initial* _____

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6. **HOLD HARMLESS:** OWNER agrees to hold STABLE 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 STABLE in defense of such claims. *Initial* _____

7. **STABLE RULES:** OWNER hereby acknowledges receipt and understanding of the current STABLE Rules, which are incorporated by reference in full, as if fully set forth herein. OWNER agrees he/she and his/her guests and invitees will be bound and abide by these Rules, and accepts responsibility for the conduct of his/her guests and invitees according to these Rules. OWNER acknowledges the Rules include, but are not limited to: STABLE Safety Rules, STABLE Hours of Operation, and Statement of Applicable State Equine Liability Laws. STABLE may revise these Rules from time to time and OWNER agrees any revision shall have the same force and effect as current Rules. Failure, as determined in STABLE'S sole discretion, of OWNER or OWNER'S guests and invitees to abide by STABLE Rules may result in STABLE declaring OWNER in default hereunder and result in termination of this AGREEMENT.

OWNER has signed and agrees to require each of his or her guests to sign a LIABILITY RELEASE. *Initial* _____

8. **NOTICE OF TERMINATION:** OWNER agrees that thirty (30) days' notice shall be given to STABLE as to the termination of this AGREEMENT. *Initial* _____

9. **RIGHT OF LIEN:** OWNER is put on notice that STABLE has and may assert and exercise a right of lien, as provided for by the laws of the State of Arizona for any amount due for the board and keeping of horse(s) and also for any storage or other charges due hereunder, and further agrees STABLE shall have the right, without process of law, to attach a lien to your horse(s) after **two months of non-payment or partial payment and STABLE can then sell horse(s) to recover its loss.** STABLE shall have the right, without process of law, to retain said horse until the indebtedness is satisfactorily paid in full. *Initial* _____

OWNER: Executed By: _____
Owner's signature or Owner's Representative

Owner's Name: _____
(Print Name)

DATE: _____

Arrival Date: _____
Length of Stay: _____
Anticipated Departure Date: _____

**Amount
Received:**



AEH BOARDING FEE LIST

<input type="checkbox"/>	Corral or Dry Lot Board	
	➤ full use of riding facilities	
	➤ feeding grain (AEH provided) based on horses age, weight, workload (fed in evening)	
	➤ feeding owner provided supplements	
	➤ blanketing (based on temperature) during winter months	\$570
	➤ Optional 2 nd feeding for hard keepers includes 3lbs of CoolStance Copra Coconut Meal split over am and pm feeds and grain, beetpulp and/or alfalfa pellets	\$160

<input type="checkbox"/>	Pasture Board + Plus ~ a full service option for your performance, pleasure or retired horses – 4 month minimum	
	➤ 24/7 turnout, full use of riding facilities	
	➤ feeding grain (AEH provided) based on horses age, weight, workload (fed in evening)	
	➤ feeding owner provided supplements	
	➤ blanketing (based on weather) during winter months	\$495
	➤ Optional 2 nd feeding for hard keepers includes 3lbs of CoolStance Copra Coconut Meal split over am and pm feeds and grain, beetpulp and/or alfalfa pellets	\$160

<input type="checkbox"/>	Pasture Board ~ add a la carte services to fit your horse's needs – Note first month is \$495 for the acclimation to pasture through our buddy up process in the corrals; 4 month minimum	
	➤ 24/7 turnout	
	➤ full use of riding facilities	\$390

A La Carte Services		
➤	Fecal Egg Count	\$30
➤	Manure collection for Fecal Egg Counts	\$20
➤	Blanketing per day (based on temperature) during winter months	\$8
➤	Handing for farrier/vet/dentist, etc. (billed hourly, 1 hr min)	\$25/hour
➤	Grooming	\$18
➤	Body Clipping	\$ Fee Based on type of clip
➤	Feeding owner provided grain and/or supplements per month	\$100
➤	Daily layup in corrals	\$7
➤	Fetching horses from the pasture or returning to pasture	\$8 each way
➤	Hauling per round trip mile (\$80 minimum)	\$2.00
➤	Monthly horse trailer storage	\$20

- Horse owner agrees to pay board in advance each month payable on or before the first of each month. Board is due at the beginning of the month. Training & A La Carte Services are billed at the end of the month. A late charge will be added to accounts 45 days past invoice date at 12% annual rate (\$10 minimum). A \$25.00 fee will be charged for all checks returned by the bank.
- All horses will be kept on Amado Equine’s vaccination schedule:
 - Spring and Fall: Flu and Rhino
 - Annually: Eastern & Western Encephalitis, West Nile virus, Tetanus, Rabies



AEH BOARDING FEE LIST

- Strangles is recommended but not required
- Horse owner will provide AEH with current vaccination information and bring horse into compliance with AEH's schedule at horse owner's expense.
- All horses will be kept on Amado Equine's deworming schedule. Horses will be dewormed upon arrival to bring horse into compliance with AEH's schedule. Horse owner will be responsible for all deworming expenses. We encourage owners to do fecal egg count testing to minimize deworming. This is offered in house for your convenience.
- Proof of negative Coggins required for all horses arriving from out of state. Amado Equine recommends all horses have a Coggins test done annually.
- Routine and emergency care at the ranch is attended by two mobile veterinary practices:
 - Reata Equine Veterinary Group. 520-794-1446
 - Jackpot Veterinary Center. 520-999-3888
 - Other veterinarians welcome for routine and/or emergency care.
- Other equine emergencies will be transported to Tucson to Jackpot Veterinary Center or to Gilbert Equine Hospital in Phoenix and tended to by the on call veterinarian.
- LIABILITY RELEASE forms to be signed by horse owner, family members, and each of his or her guests
- Horse owner resumes full responsibility for all equipment stored at the stable.
- Horse owner agrees to pay all bills incurred while at Amado Equine Hacienda, including but not limited to training, vet and shoeing expenses. All expenses incurred will be billed in addition to board. The horse owner shall be personally liable for the cost of any care, such as (but not limited to) veterinary care for the horse, and shall pay all charges promptly.
- Farrier care is mandatory for equine health. If horse owner fails to arrange for hoof care Amado Equine will arrange to have your horse trimmed or shod every six weeks or as needed. Horse owner will be responsible for all farrier expenses.
 - Farriers at Amado Equine:
 - Roger Harris 520-429-3565
 - Brian Bishop 520-429-0087
 - Eddie McKenzie 520-981-6263 (Annette McKenzie – schedules for Eddie)
 - Ray Morris 520-861-4448
- In the event of a boarder leasing his or her horse out, the boarder is still responsible for all board payments.
- Horse owner agrees to pay all bills before the horse is removed from the premises. Stable owner may retain possession of horse until all bills are paid in full.
- Horse owner agrees to give stable thirty days' notice prior to moving horse permanently from premises, a 30 day minimum boarding fee will be charged for failure to give such notice. Should your horse become actively for sale, notify the barn in writing and other arrangements can be made.
- Horse owner will notify stable in writing of any change of address or phone number and provide stable with appropriate emergency information should owner be out of town.

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AEH HORSE ID FORM 2026

Owner Information:

Name: _____ Date: _____

Address: _____

City/State/Zip: _____

Cell Phone: _____ Alternate Phone: _____

Email: _____

Client has (mark one):

Full title and registration of the horse

Leases the horse

Horse Information:

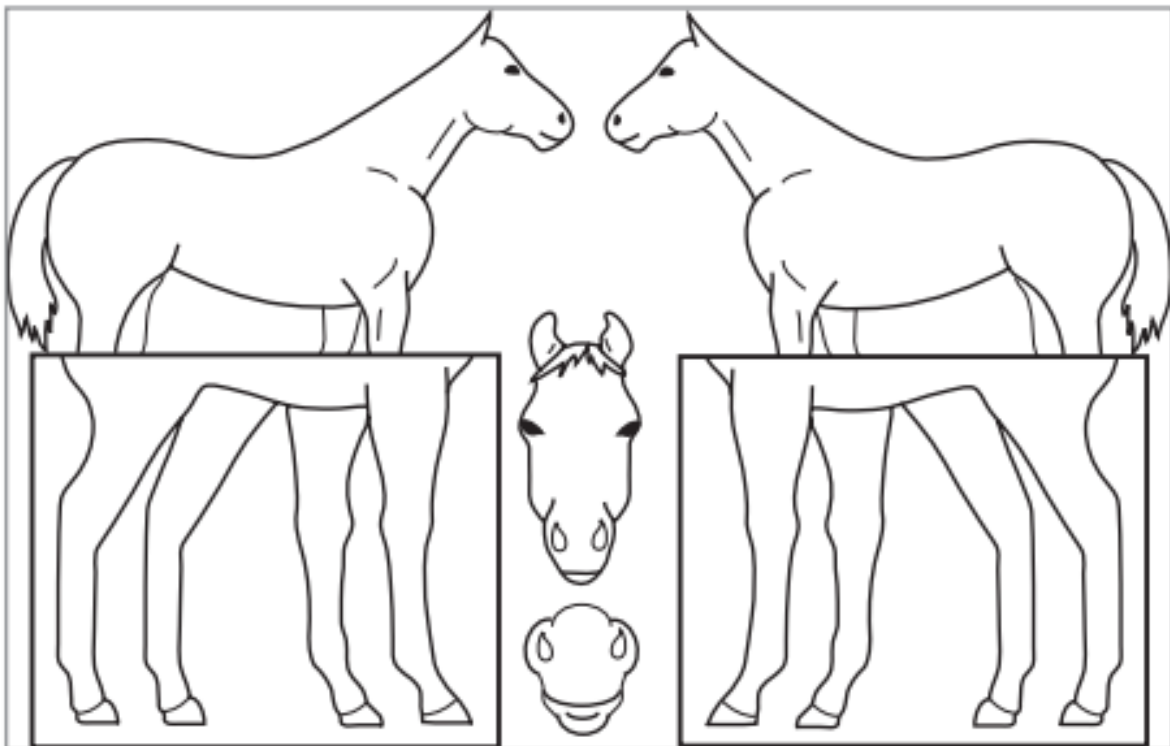
Barn Name: _____ Registered Name: _____

Year of Birth: _____ Age: _____ Breed: _____ Height: _____

Color: _____

Circle one: Mare Gelding Stallion

- Markings on sides of head and chin must be drawn on diagram.
- Outline all white markings of horse with dark solid lines.





AEH HORSE ID FORM 2026

Horse Information continued:

Other identifying features, charter, behaviors, or necessary equipment for management of the horse: _____

Management:

Known Allergies: _____
Known Health Conditions: _____
Current Grain/Supplements: _____
Current Hay (include amounts): _____
Medication Schedule: _____
Current Pasture/Turn out schedule: _____ Individual or Group: _____
Date of Last Negative Coggins Test (EIA): _____

Last Date of Vaccinations:

Equine Influenza (Flu): _____ Equine Herpesvirus (EHV-1/EHV-4/Rhino): _____
Rabies: _____ Tetnus: _____
West Nile Virus (WNV): _____ Strangles: _____

Additional Remarks: _____

OWNER Signature: _____
Owner's signature or Owner's Representative

OWNER Name: _____
(Print Name)

DATE: _____