



Boarding Agreement

I. Contact Information:	
Name:	
Phone #:	Billing address:
Email:	

II. Policy in an emergency:

It is my policy to try to treat medical emergencies on the farm, if possible. I will contact the owner of the horse to get authorization for medical treatment. If unable to treat the problem and cannot get in touch with you, the horse will be shipped to a referral hospital. Myself or the doctors at the clinic would then contact you with an update. If I still cannot get in touch with you, we will follow the course of treatment recommended by the clinic on your behalf. You authorize us to employ veterinarians and administer treatment at your expense. Let us know if this is not the procedure you want us to follow. You agree we are not responsible for any horse's injury or illness unless it is due to gross negligence.

III. Horse Information

Name of Horse	Vaccination History (past 12 Months)	Current Medications	Current Diet (Hay, Grain, and Supplements)

Stallion breeding to in 2026: _____

Location where Stallion is being collected or Frozen semen stored: _____

Contact Person for ordering semen/Phone#: _____

Party Responsible for ordering semen: RCR LLC. Mare Owner



IV. Billing

You agree to pay all charges billed monthly (board, farrier, vet, miscellaneous, etc) within 30 days after which a 1.5% interest charge per month shall be added. If collection is necessary, you will pay all legal fees and court costs. You understand that payment in full must be received prior to the time the horse leaves the farm. If you are more than 30 days past due, you authorize us, at our option, to return the horses to the farm they came from and charge you for the shipping. The daily board charge is: Donor/Breeding Mares \$ 45 , Sucklings (foal by side of mare) \$ 5 , Recipient Mares \$ 25 per day. Short term board for breeding Mares is \$55 per day and Stallion board is \$70 per day. Short term board is less than two weeks. If the mare is being boarded for one month or more the board is reduced to \$35 per day. You are responsible to pay for all farrier, veterinary work, vaccinations, medications etc. In order to assure uninterrupted care of your horses, you authorize us to employ veterinarians, farriers or other care providers.

Please make checks payable to **Racing City Recips LLC**. or Venmo **@RCRLLC**.

V. Credit Card

If your account is more than 30 days past due, you agree we can charge your credit card for the amount due. Please authorize such charges by filling in your credit card information and expiration date.

Credit Card#: _____

Exp date: _____ Code from back: _____

Name on card: _____

Credit card billing address (if different than address on 1st page):

Dated: _____ Agreed: _____

Printed Name: _____

Accepted by Racing City Recips, LLC.

Date: _____ By: _____

Racing City Recips, LLC

Morgan O'Brien DVM

281 Burke Rd., Stillwater, NY 12170

Phone: 518-633-7408

Racingcitymares@gmail.com