



Horizons East Lease Agreement

Name of Lessee: _____

Name of Rider: _____

Address: _____ City: _____ Zip: _____

Phone Work/Cell.: _____ Phone Home.: _____

Name of Horse: _____

Name of Lessor: _____

Leasing Dates: _____

Responsibilities & Terms of Lease:

Half / Full board, training, shoeing, lease fee, vetting (not to exceed \$500 in the case of an emergency) and supplies to be paid by the lessee. Additional costs for body clipping, massage therapy, and other extras may occur during the lease term.

The lessee is not responsible for the horse if it should die.

The owner is not responsible for the lessee's actions while riding or working with the horse.

\$_____ per month lease fee is to be paid by the 5th day of the month to the owner.

Horse medical insurance will be taken care of by: owner / lessee/ none

A notice of 30 days will be given by either party to continue or discontinue the lease.

Tack and equipment provided by Lessor: Lessee is responsible for returning all items in original condition. If damaged the lessee will replace the items to Lessor's satisfaction.

Lessee: _____ Date: _____

Lessor: _____ Date: _____