

# Training Agreement

OWNER

\_\_\_\_\_

Phone No# \_\_\_\_\_

Email \_\_\_\_\_



TRAINER

Holly Shanahan

DBA: Lazy S Equine, LLC

7799 E Sliding Stop Lane

Cornville, AZ 86325

No# 928-300-4132

holly@lazys6equine.com

This agreement made between \_\_\_\_\_ herein referred to as the OWNER and Holly Shanahan herein referred to as the TRAINER.

Horses Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Shots: \_\_\_\_\_ De-Worming: \_\_\_\_\_ Farrier \_\_\_\_\_

Dental: \_\_\_\_\_ Feed: \_\_\_\_\_

Does your horse- Mess with/ open gates? \_\_\_\_\_ Set back? \_\_\_\_\_

Fly spray allergy? \_\_\_\_\_ If yes \_\_\_\_\_ Feed allergies? \_\_\_\_\_

Tendency to cast self? \_\_\_\_\_ History of colic? \_\_\_\_\_ If so, date of last episode? \_\_\_\_\_ Are you happy with their weight? \_\_\_\_\_ Are they in condition to be ridden? \_\_\_\_\_

Buck? \_\_\_\_\_ Rear? \_\_\_\_\_ Kick? \_\_\_\_\_ Bite? \_\_\_\_\_ Been treated for ulcers? \_\_\_\_\_ if yes, with what? \_\_\_\_\_ When? \_\_\_\_\_ What maintenance are they on? \_\_\_\_\_

When needed may the horse be given feed through fly control pellets and or block? \_\_\_\_\_

May I administer a probiotic to ease travel/new location transition? \_\_\_\_\_

Gets along with other horses? \_\_\_\_\_

Are they insured? \_\_\_\_\_ if yes, with who? \_\_\_\_\_

Favorite thing about your horse? \_\_\_\_\_

Least favorite thing about your horse? \_\_\_\_\_

Additional \_\_\_\_\_

The contract may terminate at anytime by the TRAINER if safety concern or soundness issues arise. Remaining monies will be refunded to the OWNER if this occurs. If the OWNER terminates the contract before the time is up no money will be refunded.

Fees \$350 per month which includes feed and care. Underweight horses will incur additional feed fees.

\$ \_\_\_\_\_ for training, travel, owner sessions before going home and seasonal care items. Multi-Month Discount Available.

Check \_\_\_\_\_ Cash \_\_\_\_\_ Venmo \_\_\_\_\_ PayPal \_\_\_\_\_ Zelle \_\_\_\_\_

Training Goals \_\_\_\_\_

The horse will stay at the TRAINERS residence in Cornville during this time but will travel for training and exposure purposes. Please provide at least two days worth of their regular feed upon arrival to help them transition.

In the event of an emergency the TRAINER will contact the owner, if unavailable she will contact the vets office, Central Arizona Equine ASAP.

Liability Waiver- Under Arizona law, an Equine activity sponsor or professional shall not be liable for any injury to, or the death of a participant in equine activities resulting from the inherent risk of equine activities. Code of Arizona 12-553 - Upon property entry, I hereby release sponsor/producer/organizer and all associated staff from any claim or right for damages which may occur to me, my child, my property or my horse at this facility. I am aware of the risks in equine sports and assume all responsibility for myself and/or my child if an incident should occur.

Photo Release- I authorize Holly Shanahan DBA: Lazy S 6 Equine, LLC to use photos and/or videos taken of me and/or my horse(s) online for social media, websites and/or promotional printed material.

By signing below, I acknowledge that:

✓I have read, understand, provided information to the best of my knowledge and agree to the above terms. I acknowledge the trainer is not a high pressure performance trainer and will not push the horses beyond their capabilities mentally or physically to meet a time frame.

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

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

*Holly Shanahan*

Emergency Contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

