

Foster Farm

Training Contract

Customer Name: _____ Horse Name: _____
Address: _____ Phone Number: _____
City: _____ State: _____ Zip: _____
Cell Phone: _____ e-Mail: _____
Horse Breed and Discipline: _____
Does this horse need or already take supplements? YES NO
If so, please list them here: _____

Does this horse have any medical or physical conditions or previous injuries that may limit the ability to train? _____

How did you hear of Foster Farm? _____
Is there someone we can thank for the referral? _____

Emergency Contact

Name: _____ Phone: _____

Please notice:

- Monthly training bills will be mailed to each customer and should be paid before the listed due date each month. If bills are not paid by the given due date, they are subject to a 10% late fee.
- Returned checks will be charged a nonrefundable \$40 service charge.
- Training will be completely handled by the responsible Farm trainer or assistant trainer and how a horse is worked will be the choice of said trainer.
- If there is a horse show that a horse in training does not attend, training fees are still due for that complete month even when said horse is not trained during said horse show.

I understand the known and unknown dangers in working with horses and do not hold Foster Farm or its associates responsible for any accident that could happen to my horse, me, my child, my friends, my family, or my associates. I have been informed, understand and agree that while horse training is this Farm's expertise, the nature of working with horses contains risks out of anyone's control. I give permission to Foster Farm associates to give emergency medical treatment if needed. A copy of this form will be available to all responding medics and/or veterinarians, in case of an emergency.

Foster Farm Associate: _____ Date: _____

Horse Owner: _____ Date: _____



Foster Farm

Natalie Payne
Trainer & Instructor
612-616-6687