The Lessor is presently the owner of a horse described as follows:

NAME:   
BREED:  
ID NUMBER:  
COLOR:  
SEX:  
The Lessor desires to lease said horse to Lessee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, for the purpose of  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

THE PARTIES hereto, in consideration of the mutual covenants contained herein, do hereby agree to the arrangement for leasing said horse as follows:

I. LEASE TERM  
Lessors hereby leases to Lessee said horse for a term of \_\_\_\_\_\_\_\_\_\_\_\_, beginning\_\_\_\_\_\_\_\_\_\_\_\_\_, 200\_\_, and ending on the day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 200\_\_.

II. ASSIGNMENT OF LEASE  
Lessee shall NOT have the right to sub-lease said horse.

III. INSURANCE (optional)  
The Lessee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ maintain mortality insurance coverage in force on said horse for the duration of the lease agreement with the owner being named as beneficiary of the insurance policy in an amount of no less than $\_\_\_\_\_\_\_\_\_\_\_\_. The insurance policy premium will be paid for by the Lessee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Both the Lessee and the Lessor will be provided with proof of insurance at the time the lease commences. Should, in the event of the horse's death, the insurance carrier deem death of the horse not covered by the insurance policy, the Lessee will be responsible to pay the owner the amount of the policy if the cause of death is proven to be a result of gross negligence on the part of the Lessee. Further, in the event of illness, injury, or death, the Lessee will have three immediate obligations in relation to the mortality insurance as follows: First, to call a veterinarian to attend to said horse; Second, to call the insurance company which insures the horse; Third, to contact the Lessor.

Date of last vaccination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Date of last shoeing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IV. CARE OF THE HORSE  
Lessee hereby agrees to keep said horse in good health, giving due consideration to upkeep of shots, wormings, hoof care, and individual needs of said horse and to pay all expenses associated with such care. Veterinary expenses shall be the responsibility of the Lessee up to and no more than $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the term of the lease. Veterinary expenses and care over the established amount will be the responsibility of the Lessor. Lessee shall maintain humane treatment and care, including clean and adequate stabling facilities, and regular exercise. The horse shall also receive proper shoeing from a licensed and skilled farrier. The Lessee further agrees to keep Lessor informed of the stabling location of said horse and the Lessor will have the right to inspect and approve the facility.   
a. Conditions of Nature  
I understand that: \_\_\_\_\_\_\_\_\_ Polo Club is not responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. Some examples are: Thunder, lightening, rain, wind, water; wild and domestic animals, insects, and reptiles which may walk, run, fly near, bite, or sting a horse; and irregular footing on outdoor groomed or wild land which is subject to constant change in condition according to weather, temperature, natural and man-made changes in landscape. \_\_\_\_\_\_\_\_ (Lessor initial)  
\_\_\_\_\_\_\_\_ (Lessee initial)

V. LESSOR'S REMEDIES ON BREECH  
This Lease is subject to Lessee's performance on the covenants and conditions set forth herein. In the event Lessee defaults in performance on any such covenants or conditions, and the breech continues for more than \_\_\_\_\_\_ days, Lessor may, at this option declare the lease fortified, enter the stabling premises, and remove said horse therefrom.

VI. REPRESENTATIONS  
Lessor represents that said horse is in sound health and that there are no known illnesses, infirmities, or unsoundness, except: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

THIS AGREEMENT is entered into in the state of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and will be interpreted and enforced under the laws of that state.

ACCEPTED:   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(Lessor, owner)

ACCEPTED:   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(Lessee)

Horses and their ID numbers:

Name #  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_