**YEARLY STALL LEASE CONTRACT**

Year \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Starting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HCBC/EQIV# \_\_\_\_\_\_\_\_ ALLEY: \_\_\_\_ STALL# \_\_\_\_\_ Locker# \_\_\_

Deposit amount: **(GST included)** \_\_\_\_\_\_\_\_\_\_\_ Ongoing \_\_\_\_\_\_\_

MEMBERSHIP: **(Plus GST)** \_\_\_\_\_\_\_\_\_\_\_ S \_\_\_ F\_\_\_ Bus \_\_\_

**Amount Paid:** \_\_\_\_\_\_\_\_\_\_\_

OFFICE USE ONLY

**Total paid: \_\_\_\_\_\_\_\_\_\_\_\_\_**

*In some diseases scenarios complete evacuation is the best way to ensure quick clean up, and decrease Lakota Center down time. This is determined only on* the recommendations of a veterinarian. **Please supply the name, address, and phone number your horse will be moved to:**

Please initial below acknowledging acceptance:

***\_\_\_\_\_\_You are welcome to park your trailer if there is space, by signing this you verify that you have valid insurance on your trailer.***

\_\_\_\_\_\_ *The stable renter has a responsibility to disclose ALL infectious disease. They must inform the board when a disease is diagnosed in their horse that has the potential to spread and infect other horses boarded. This must be done immediately so the board and Veterinarian can make a quick action plan to diminish transmission.*

*\_\_\_\_\_\_\_ The renter may be asked to remove their horse off premises for quarantine. This is the responsibility and sole borne cost by the renter to find appropriate facilities. This is a biosecurity evacuation not a forced eviction and any costs already paid due to the DCDSAA will not be reimbursed.*

*\_\_\_\_\_\_Vaccines are recommended by the Lakota Board. These vaccines include:* Flu, Rhino, sleeping sickness, Tetanus (5 way or combo containing these)

\_\_\_\_\_\_*The Board has the right to impose the Livestock Lien Act if necessary.*

***\_\_\_\_\_\_A copy of the Policy & Procedures manual will be emailed to you upon rental. It is your responsibility to read and become familiar with the document.***

**By signing this agreement;**

* You agree to lease the stall continuously for 12 consecutive months at the rate of $215/per month. This will qualify you for the special stall rate for June, July, and August at $175 for each of those months.
* You agree if you fall behind in your rent it nullifies you from participating in the yearly contract. You will immediately go back to the month-to-month contract. New paperwork will need to be filled out.
* You agree that if you cancel this contract early it is subjected to a fee of a total of 3 months’ worth of stall rent, $**645**. (Unless deemed otherwise by the DCDSAA board.) and any outstanding balance if applicable.
* This contract includes; Use of Arena, Stall rental, A locker and use of the facility and its outdoor counterparts (i.e.; turnout pens, outdoor riding arena etc.)
* You agree to acknowledge that there is a **Mandatory 2 week notice** on either the 1st or 15th of every month for move out intentions in order to receive your stall deposit back.
* You agree to purchase a Personal or Business membership of $50 in addition to this contract.
* You agree to follow all the protocols & procedures as laid out by the DCDSAA handbook.

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

(signature of applicant)

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

(date)

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

(signature of Lakota Employee)

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

(date)