

Snowy Mountain Livestock

Horse Purchase Agreement

Please complete form and mail or email with payment to:

Carrie Sweeney

P. O. Box 100

Moore, MT 59464

(Please use Priority Mail with Delivery Confirmation)

Email Carrie with your tracking number: msky_32@yahoo.com

It is hereby agreed, between the parties,

_____, (buyer) and Carrie Sweeney, (seller) that the buyer agrees to purchase the following horse referred to as:

Name: _____

Colt _____ Filly _____ Mare _____ Gelding _____

Sire: _____

Dam: _____

For the amount of \$ _____

_____ A 25% deposit must be paid within 5 days of reserving a foal. This will hold your choice. **All payments** including deposits are **Non-Refundable**. Full payment for foals must be received on or before October 1st.

_____ A 25% deposit must be paid within 5 days of reserving a horse. This will hold your choice. **All payments** including deposits are **Non-Refundable**. Full payment for horses must be received within two weeks of initial deposit.

We reserve the right, if the said horse is not paid in full within thirty days of agreed upon sale, to withhold all funds paid to date, and offer the horse for resale.

_____ Additional purchasing terms are available upon request. See attached addendum.

* This horse is currently located in Lewistown, MT. A current negative Coggins test will accompany each horse, as well as a health certificate and brand inspection at no additional cost.

* All horses will be offered a thirty day grace period starting at the date of agreed sale to be picked up. After the thirty day grace period, should the horse continue to be in the care of Carrie Sweeney, it shall become a boarding situation and the foal/horse will be subject to a \$10/ day board fee. After the thirty day grace period, all costs associated with the horses care (including but not limited to deworming, farrier, vet, vaccinations) become the responsibility of the buyer unless other arrangements have been made with Carrie Sweeney.

Initials

* We highly recommend, if the horse is to remain in care of Carrie Sweeney over the thirty day grace period, the buyer should purchase insurance on the said horse. We will not be held responsible for any injury or illness to the foal/horse.

* Deposits and additional payments can be made by personal checks, PayPal msky_32@yahoo.com, certified checks, bank drafts, direct deposit, bank wire or any Financial Institution issued International money orders. A \$35 fee will be applied on all returned checks.

* Foals will only leave the premises if we feel they are 100% sound and healthy. In the event a foal becomes injured or ill during the summer prior to being transported to its new owner, the foal will not travel and a full refund will be issued to the buyer. If requested, a veterinarian pre purchase exam is also available to each buyer at the buyer's expense. We only advertise horses that we feel will represent our breeding program and are confident in the horses we offer. If any horse fails to pass a pre purchase exam, we will issue the buyer a full refund of their deposit.

* Transportation of all foals/horses is the responsibility of the buyer. If a second health certificate is required (initial health valid for 30 days), the cost of a new health certificate will be the buyer's responsibility.

If foals are reserved prior to August 1st of their birth year, you have the option to select their AQHA registered name. If you would like to name your foal please include three name choices to be submitted to AQHA for registration. Name choices must not exceed 20 characters and spaces. Do not use punctuation marks. Foals purchased after August 1st will already be named.

1 _____

2 _____

3 _____

***please initial below:**

_____ **I understand that if the foal (s) I have reserved are not paid for in full by the given deadline, the foal (s) will not be vetted for transport and will not be transported to me. I understand that any and all payments made are not refundable.**

** _____

Buyer Signature

printed name _____

mailing address _____

city, state, zip _____

email address _____

phone number _____

cell number _____

DATE: _____