

Jim Tice Transportation  
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### **Transport Agreement**

Please complete and return the following contract in order to reserve your trailer space.

Name of OWNER \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

This agreement is between Jim Tice, hereinafter referred to as SHIPPER and the above named OWNER, hereinafter referred to as OWNER.

#### **Payment**

The OWNER agrees to pay \_\_\_\_\_ for transporting (name of horse) \_\_\_\_\_

From (origin) \_\_\_\_\_

To (destination) \_\_\_\_\_

When the destination point is located out of the Southern California area, a booking fee of \_\_\_\_\_ is due and payable within 5 days of scheduling the transport. The remaining balance shall be paid to the SHIPPER prior to, or at the time of, arrival at the **origin** site. Any deviation from this procedure must be approved by the SHIPPER.

Payment can be made by Personal Check or Cash. There will be a \$50 service charge on any returned personal check. Pay Pal payments can be arranged but will be subject to a 3% service charge for this convenience.

#### **Expenses**

The OWNER agrees to pay any veterinary expenses that the horse may incur while in transit. These expenses are due at the time the horse is delivered to the destination site.

The SHIPPER is not liable for the death of the horse or any injuries sustained while in transit. The SHIPPER strongly recommends that the OWNER carry full liability, mortality and major medical insurance on any horse being transported. If the OWNER chooses not to carry insurance on the horse, the OWNER assumes full responsibility for the horse should any loss occur due to death or injury.

### **Cancellation**

The OWNER understands that, in reserving a date for transportation, the SHIPPER may have refused a transport for another OWNER based on this reservation. In this case, if the OWNER does not live up to the agreement for reasons other than the death or illness of the horse, the OWNER will not receive a refund of the booking fee.

In the event that the horse has been deemed ill and advised not to travel by a licensed veterinarian or the horse dies prior to the pickup date, the OWNER'S deposit will be refunded minus a \$50 administration fee. Once documentation has been provided to the SHIPPER by a licensed veterinarian, the balance of the booking fee will be refunded to the OWNER.

### **Requirements**

A current Coggins and Health certificate are required in order to transport from state to state. These documents are inspected at various agricultural checkpoints. Please make sure your veterinarian checks the various state laws and provides all necessary documentation of the specific state. If documentation is not complete at the time the SHIPPER arrives at the origin site, the transport shall be canceled and the OWNER will forfeit all deposits.

### **Delays**

Every effort will be made to meet the OWNERS time requirements but there are times when unforeseen situations may occur, i.e. equipment failure, unpredictable weather conditions, etc. If the OWNER is not able to wait for a new shipping date, the OWNER'S booking fee will be refunded minus the administration fee of \$50. If a delay occurs while in transport, and the OWNER contacts another transporter to haul the horse, the OWNER will pay the SHIPPER for miles covered from origin site to destination site.

### **Overnight**

If the distance between the origin site and the destination site requires an overnight stay, the SHIPPER will house the horse in an environment that is safe for the horse. This expense will be inclusive in the total transportation fee.

As OWNER, I have read and agree to the above.

\_\_\_\_\_  
Signature of OWNER

\_\_\_\_\_  
Date

\_\_\_\_\_  
Jim Tice, SHIPPER

\_\_\_\_\_  
Date

Please complete this form and return with Transport Agreement

**Origin**

Contact person \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Destination**

Contact person \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Horse Description**

Name of Horse \_\_\_\_\_ Sex \_\_\_\_\_

Registration number \_\_\_\_\_ Breed \_\_\_\_\_

Markings/Color \_\_\_\_\_

Age \_\_\_\_\_

Any pertinent information we need to know about your horse, i.e. allergies, bites, kicks, can't back out of a trailer, etc?

\_\_\_\_\_

\_\_\_\_\_

**Other**

Additional items SHIPPER will be taking on transport: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of OWNER

\_\_\_\_\_  
Date