

_____ (Insert date)

TRAINER'S ADDRESS

RE: Horse Protection Act Compliance

To _____:

I/WE would like to document our previous verbal instructions to you that no horse belonging to ME/US should be subjected to any treatment and/or action which would violate the Horse Protection Act, its regulations and/or any applicable Operating Plan. Specifically, no horse belonging to ME/EITHER OR BOTH OF US should be entered, shown, exhibited, sold or transported in violation of the Horse Protection Act, its regulations and/or any applicable Operating Plan by anyone, including, but not limited to, anyone responsible for the horse(s) care while in training at _____ (NAME OF BARN). Please be advised that any violation of MY/OUR instructions will impact the future of MY/OUR horse(s) currently within your care and may result in the termination of our business relationship.

Although I/WE AM/ARE sure MY/OUR instructions and wishes are clearly understood and are already in practice, I/WE would appreciate your completing the form below in order to document your receipt, acknowledgment, understanding and agreement to comply with MY/OUR instructions. Thank you for your attention to this matter and should you have any questions, please do not hesitate to contact ME/US.

Sincerely yours,

_____ OWNER(S)

I hereby acknowledge receipt and understanding of the instructions contained herein above and agree to comply with said instructions regarding all horses belonging to _____ OWNER(S) NAME(S). I further hereby represent that I have read and understand the Horse Protection Act, its regulations and any applicable Operating Plan.

Signature of Trainer/Date

Printed Name of Trainer Trainers' License Number

Witness/address