



[www.saltriverperformancehorses.com](http://www.saltriverperformancehorses.com)

PO Box 123 Bakers Hill 6562  
263 Refractory Rd Bakers Hill  
PH: 9574 0425 Mobile: 0429 047265 FAX: 9574 0552  
saltriverwa@westnet.com.au

---

Agreement for services provided by Saltriver (WA) PTY LTD  
Trading as Saltriver Performance Horses

---

<b>Owner or Agents Name:</b>	
<b>Postal Address</b>	
<b>Phone</b>	HOME: ..... MOBILE: ..... WORK: .....
<b>Email</b>	
<b>Horses name</b>	
<b>Breed and Description</b>	
<b>Booking Description</b>	
<b>Deposit</b>	\$300
<b>Emergency Contact</b>	1..... 2.....

A deposit of \$300.00 is required to secure your horses position with us, this deposit is deductible but non refundable.

Please post to PO Box 123 Bakers Hill 6562  
And make cheques payable to Saltriver (WA) PTY LTD  
Or direct deposit to  
Saltriver (WA) PTY LTD  
BSB: 633000  
ACC: 123517617

Schedule of fees is attached  
Any additional charges incurred will be added to your account.

Additional charges you may expect to incur if your horse is in for starting, re education and or training are:

Teeth removal	\$270 done by a veterinarian with appropriate sedation
Teeth Rasping	\$120 vet or \$ 60 equine dentist (please advise preference)
Chiropractic	\$60 per session
Bowen Therapy	\$50 per session
Shoeing	\$110

Please advise if you do not wish your horse to have any of the above services.

Risk of loss or injury –

While all reasonable care will be taken with your horse(s) during their stay with Saltriver (WA) PTY LTD. Saltriver shall not be held liable for any sickness, disease, accidental injury or death suffered by the horse.

You (the owner or agent) agree not to hold Saltriver (WA) PTY LTD responsible for any accidental injury or loss to your horse(s). It is the Owner/Agents responsibility to insure your horse(s) against all risks whilst they are on the property and or in the care of Saltriver (WA) PTY LTD.

If Saltriver (WA) PTY LTD become aware that your horse(s) is suffering from any noticeable sickness, disease or injury you will be contacted immediately.

In the event of an emergency and we cannot contact you we will take the appropriate action in getting emergency veterinary attention with our choice of vet. You the owner/agent will be liable for all costs.

Any other non emergency veterinary attention required will be directly billed to you from Dr Mike Davies the Horse Hospital, 47 Epsom Ave Belmont WA 6104

I understand and accept the agreement, charges and additional charges stated and include a deposit of \$300.00 which is deductible but not refundable to secure my horse's position for agistment, stud purposes starting, training, or re education with Saltriver (WA) PTY LTD.

Approx Date Your Horse is booked in for:..... /..... / .....

Signature of  
Owner/Agent \_\_\_\_\_ Date: \_\_\_\_\_

Signature of  
Saltriver (WA) PTY LTD \_\_\_\_\_ Date \_\_\_\_\_