



**EQUINE TRANSPORT**  
 TEDDY KING  
 1904 Wilshire Boulevard  
 Clovis, New Mexico 88101  
 Phone: 505-763-3443 • Fax: 505-763-3550

**OWNER INFORMATION**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_

**PHONES**

Home \_\_\_\_\_  
 Office \_\_\_\_\_  
 Barn \_\_\_\_\_

DATE \_\_\_\_\_  
**HORSE(S) CONDITION**

a. \_\_\_\_\_ d. \_\_\_\_\_  
 b. \_\_\_\_\_ e. \_\_\_\_\_  
 c. \_\_\_\_\_ f. \_\_\_\_\_

**PICKUP INFORMATION**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_

**PHONES**

Home \_\_\_\_\_  
 Office \_\_\_\_\_  
 Barn \_\_\_\_\_

DATE \_\_\_\_\_  
**HORSE(S) CONDITION**

a. \_\_\_\_\_ d. \_\_\_\_\_  
 b. \_\_\_\_\_ e. \_\_\_\_\_  
 c. \_\_\_\_\_ f. \_\_\_\_\_

**SIGNATURE (OWNER/AGENT)** \_\_\_\_\_

**DIRECTIONS/INSTRUCTIONS**

**DELIVERY INFORMATION**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_

**PHONES**

Home \_\_\_\_\_  
 Office \_\_\_\_\_  
 Barn \_\_\_\_\_

DATE \_\_\_\_\_  
**HORSE(S) CONDITION**

a. \_\_\_\_\_ d. \_\_\_\_\_  
 b. \_\_\_\_\_ e. \_\_\_\_\_  
 c. \_\_\_\_\_ f. \_\_\_\_\_

**SIGNATURE (OWNER/AGENT)** \_\_\_\_\_

**DIRECTIONS/INSTRUCTIONS**

**HORSE(S) DESCRIPTION**

Name	Breed	Color	Sex	Age	Name	Breed	Color	Sex	Age
a.					d.				
b.					e.				
c.					f.				

Transportation Fee: \_\_\_\_\_

Insurance: \_\_\_\_\_

Added Expenses: \_\_\_\_\_

Deposit: \_\_\_\_\_

Total: \_\_\_\_\_

Transporter will not be held responsible for any conditions: (illness / injuries / time delays) incurred during transport of my livestock. Health papers, veterinary care, livestock insurance, or any added expenses necessary for the comfort and safety of my livestock will also be my responsibility. I have read, understand and agree with the provisions of this contract!

**SIGNATURE(OWNER/AGENT)**

**DATE**