



TRANSPORT CONTRACT

FAX 805-553-0553

John Malkus
Transporter
6395 Balcom Cyn. Rd.
Somis, Ca. 93066
805-553-0777
805-732-7269 cell

Trip Date(s): _____

Trip Fees: \$_____ for the ____ alpacas identified on the attached schedule. Once a trip is arranged, cancellations are extremely disruptive and expensive for the Transporter. Please give reasonable notice should things change for this trip.

Owner's Name: _____

Address: _____

City/State/Zip: _____

Telephone No: _____

Pick Up Information: Contact: _____ Ph 1: _____

Address: _____ Ph 2: _____

City/State/Zip: _____

Delivery Information: Contact: _____ Ph 1: _____

Address: _____ Ph 2: _____

City/State/Zip: _____

Terms: The Owner is responsible for obtaining any necessary health certifications and inoculations from his/her local veterinarian, and for informing the Transporter of any unusual health conditions. The Transporter will take every precaution to provide for the comfort and safety of the animals being transported, but in any event, it is expressly agreed that the Transporter is not an

insurer of the animal's health and well-being, and will not be liable for any harm or loss of value that may befall the animal. The Owner hereby releases the Transporter from all claims, including those for the Transporters own negligence or that of its agents and subcontractors, and agrees that the Owner's sole remedy for any death or injury to any animal while it is in the care of the Transporter is to seek reimbursement under the terms of his or her insurance policy. **[Cost effective transportation insurance is available through Wilkins Livestock Insurance – 800-826-9441]** If any concern for the health of any animal should arise, the Transporter will attempt to notify and consult with the Owner about the appropriate steps to be taken. Nonetheless, in case of emergency and/or the Transporters inability to contact the Owner, the Owner hereby authorizes the Transporter to use his best judgment and agrees to reimburse the Transporter for all documented expenses incurred on the Owner's behalf.

Animals to Be Transported:

<u>Tag No.</u>	<u>Name:</u>	<u>Sex:</u>	<u>Breed:</u>	<u>Age:</u>	<u>Color/Markings:</u>
1.	_____				
2.	_____				
3.	_____				
4.	_____				
5.	_____				
6.	_____				
7.	_____				
8.	_____				
9.	_____				
10.	_____				

Owner of Alpacas / Llamas Date

Transporter Date