

# Caliente Alpaca Transport

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Oregon City, Oregon

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## ANIMAL TRANSPORT CONTRACT

### Responsible for Payment:

Farm Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

### Pickup Information:

Farm Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

### Delivery Information:

Farm Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

### Animals to be transported:

Name	Breed	Sex	DOB	Color	Chip #	Name / # Tag

All animals must be microchipped.

**Each animal must have the following:**

1. Health Certificate dated within 30 days of transport destination date.
2. Proof of Negative Blood Tests as required by Destination State if any.
3. A BVDV Negative Report from the vet.
4. Up-to-date Immunizations and Parasite Control Health Records.

Items 1. & 2. must accompany animals.

Items 3. & 4. must be sent to Caliente Alpaca Transport with this agreement.

**Please email to [calientealpaca@comcast.net](mailto:calientealpaca@comcast.net) or fax to 503-655-3992**

**Terms and Conditions**

\_\_\_\_\_, hereafter referred to as “client”, must provide proof of current insurance and health certificate for the animals being transported. Any and all known health issues must be disclosed prior to the animal being transported. Caliente Alpaca Transport reserves the right to refuse transportation of any animal that we feel may not be ready or able to travel.

It is known that Caliente Alpaca Transport is not the named insurer of the animal’s’ and cannot be held responsible for the animal’s health or condition(s) for any reason. The result of any loss (including death) or injury for any reason will require the client to seek restitution from the named insurer and not Caliente Alpaca Transport. Caliente Alpaca Transport will use reasonable and customary care in transporting client’s animals to include seeking veterinary care if we see fit. If the client cannot be contacted via given contact information, the client authorizes Caliente Alpaca Transport to seek medical care, as deemed necessary. Caliente Alpaca Transport shall be entitled to reimbursement for any care given on the behalf of the animal’s health and safety.

With the above information agreed upon by the client, the client hereby releases Caliente Alpaca Transport from any claim resulting from the loading, unloading and transportation of client’s animals.

\_\_\_\_\_ Client’s initials                      \_\_\_\_/\_\_\_\_/\_\_\_\_ date

**Insurance Company:** \_\_\_\_\_

**Insurance Binder Number:** \_\_\_\_\_

**We are self-insured and agree to the above release.**

\_\_\_\_\_ Client’s initials                      \_\_\_\_/\_\_\_\_/\_\_\_\_ date

**Rate Schedule**

Fees are based on trailer load (capacity) and distanced traveled including return trip trailer load. A *deposit of 50% is due upon the signing of this agreement*. Due to expenses involved in cancellations, this deposit is refundable only if the Caliente Alpaca Transport is unable to make the trip as scheduled. Client is responsible for all medical bills, health certificates, non-routine expenses, and travel insurance. In the event that the required paperwork is not available when the transporter arrives to pick up the animals, the animals will not be transported and the deposit will not be refunded.

**Transportation Fee:** \$\_\_\_\_\_ for animals identified on the attached schedule. *Client must pay the remaining balance at time of pick-up.* Payment is to be made payable to Caliente Alpaca Transport.

**Deposit received:**

Date\_\_\_\_/\_\_\_\_/\_\_\_\_ Amount: \$\_\_\_\_\_

Balance due to transporter prior to departure: \$\_\_\_\_\_

**Transporter:  
Caliente Alpaca Transport**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Client agrees to the terms and conditions set forth within this document.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Farm Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date