

RETAINER AGREEMENT



📍 PO Box 173, Circleville, OH 43113

🌐 www.equineconnectionsconsulting.com

This Retainer Agreement (“Agreement”) is entered into on this ____ day of _____, 20____ by and between:

EQUINE CONNECTIONS CONSULTING, LLC (“Consultant”) and

Client Name

Phone #

Address

City

State

Zip Code

Email Address

1. Scope of Services

Consultant agrees to provide equine-related consultancy services, which may include but are not limited to:

- Processing all paperwork involved in ownership transfers
- Management of memberships and renewals with all applicable equine registries
- Coordination and submission of required documentation to relevant organizations on behalf of the Client

2. Retainer Fee

Consultant agrees to pay a monthly retainer fee of \$ _____

In addition to the monthly retainer, a fee of **\$10.00** will be charged for each completed form processed by the client.

The retainer fee is: Non-refundable

3. Payment Terms

- Payment is due on or before: _____
- Accepted payment methods: debit/credit card or checks mailed to the business address and received before the agreed-upon date of monthly renewal.
- Client agrees to keep a valid credit/debit card on file.
- Client authorizes Consultant to automatically charge the monthly retainer fee on the same agreed-upon day each month, as determined by both Client and Consultant.
- Late payments may be subject to a fee of \$25.00, with an additional \$5.00 per day for each day the payment is outstanding.

4. Term & Termination

This agreement shall begin on _____ and continue:

Month-to-month Fixed term ending on _____

Either party may terminate this Agreement with _____ days written notice.

5. Client Responsibilities

Client agrees to:

- Provide accurate and complete information
- Client will add Consultant to the appropriate registries using the correct forms provided by the Consultant

6. Confidentiality

Both parties agree to keep all sensitive information confidential unless required by law.

7. Independent Contractor

Consultant is an independent contractor and not an employee of the Client.

8. Agreement Acceptance

By signing below, both parties agree to the terms outlined in this Agreement.

Client Signature: _____ **Date:** _____

Consultant Signature: _____ **Date:** _____

NOTES (Optional)