



### Transportation Agreement

Please complete all relevant information and fax, e-mail or mail to the contact info below...

**Picking Up From:**

Farm Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**Delivering To:**

Farm Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**Party Responsible for Payment:**     Pick Up Location     Delivery Location

Other (Note: Please fill out the information below if other is checked.)

Farm Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Cedar Ridge Alpaca Transport

Matt and Kerri Whitaker  
Sharon and Don Wise  
700 Ferris Fork Road Burkesville, KY 42717  
Cell: (931) 644-6501  
admin@GetAlpacaTransport.com  
www.GetAlpacaTransport.com

Phone: (931) 644-6501

Fax: (270) 456-0788



### The Following Is Required For Every Animal Being Transported:

1. Current health certificate dated within 30 days of the transport destination date.
2. BVDV negative report for each animal being transported.
3. Up to date health and parasite control records.
4. Proof of any negative blood tests as may be required by the destination state or the destination farm, if any.

### Transport Rates:

Fees for transport will vary based on several factors: The distance animals are being transported (which may also include return trip), current diesel pricing, trailer capacity and the number of animals included in transport. A fuel surcharge may be assessed in the event that the price of diesel changes during transport significantly from the cost at the time a quote was given. Clients are responsible for all medical bills, non-routine expenses incurred, travel insurance and health certificates. In the event that the animals or the required paperwork are not available when the transport arrives for pick up, the animals will not be transported and the deposit will not be refunded. (See deposit requirements below) Clients are also responsible for making sure facilities are available for animals and accessible to Cedar Ridge Alpaca Transport at the delivery destination when transport arrives. **Please Note:** Deposits are only refundable in the event that Cedar Ridge Alpaca Transport is unable to make the trip. Client caused cancellations will still incur the deposit amount required.

### Payment Processing:

Forms of Acceptable Payment Are:



, PayPal, Check or Cash

Check this box to request a PayPal invoice

Total Amount Due for Transport- \$ \_\_\_\_\_ (Please make all checks payable to Cedar Ridge Alpaca Transport.)

Deposit- Due to expenses involved in cancellations, a deposit of 50% of the transport fee will be required upon the signing of this agreement. Deposits are only refundable when Cedar Ridge Alpaca Transport must cancel a transport. Deposit Amount Due- \$ \_\_\_\_\_

Remaining Balance: \$ \_\_\_\_\_ (due at time of pick up)

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**For Credit Card Payments Only:** If you would like to pay your deposit or the balance in full via credit card, please enter the following information or give us a call to process your payment.

Credit Card Payment: (Check one)  Visa  MasterCard  American Express  Discover

Card Number \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

CVV Code \_\_\_\_\_ (This is a 3 digit code on the back of the card. However, it is a 4 digit code on the front side of American Express Cards.)

Amount You Authorize Us to Charge: (Check one)

Deposit Amount Only or  Payment in Full or  Other Amount- \$ \_\_\_\_\_

Please read and sign/date:

I authorize Cedar Ridge Alpaca Transport to process my credit card payment as I have directed and agree to pay the total amount shown above in compliance with the cardholder agreement.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name (as it appears on card) \_\_\_\_\_

Is the billing address and zip code for this card the same as is listed on the contract?  Yes  No

\*If no, please list correct billing address with zip code here:

\_\_\_\_\_

**Insurance Information:** (Check One)

The Animals Listed In This Agreement Are Fully Insured.

Insurance Company: \_\_\_\_\_ Policy Number(s): \_\_\_\_\_

Client's Initials \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**OR**

We Are Self-Insured And Agree To The Release Contained In This Agreement.

Client's Initials \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Additional Terms and Conditions:**

\_\_\_\_\_, who is referred to in this agreement as the “client”, must provide health certificates and proof of current insurance for the animals being transported. It is further understood that Cedar Ridge Alpaca Transport cannot be held liable for the animal’s health condition(s) for any reason. Any and all known health issues must be disclosed prior to the client’s animals being transported. Cedar Ridge Alpaca Transport reserves the right to refuse transportation of any animal that we deem not fit for travel. 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 Cedar Ridge Alpaca Transport. Cedar Ridge Alpaca Transport will use reasonable and customary care in the transport of client’s animals. This includes the seeking of veterinary care if we see fit to do so. If a client cannot be contacted via given contact information, the client authorizes Cedar Ridge Alpaca Transport to seek any medical care deemed necessary. Cedar Ridge Alpaca Transport shall be entitled to reimbursement for any care given on behalf of the animal’s health and safety. With the information above agreed upon by the client, the client hereby releases Cedar Ridge Alpaca Transport from any claim resulting in the loading, unloading and transport of the client’s animals.

**The client hereby agrees to the terms and conditions set forth within this document.**

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

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

Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

**Additional Comments or Instructions:**

\_\_\_\_\_  
\_\_\_\_\_  
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