**Adoption Agreement**

**Equine Aid Horse and Donkey Rescue**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, commit to adopting and caring for the following equine:

­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Brand/Microchip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_ Age/Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_

Color and Markings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Location where equine will be housed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adoption Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

All of the information I have given above is true and complete. I understand that it is my responsibility to evaluate this equine for myself before agreeing to adopt him/her. Equine Aid is in no way responsible for any damage, accident, or injury resulting from the placement of any equine.

I have been given a copy of, and am in full agreement with, the following terms and conditions. I promise to abide by these terms for the lifetime of the equine that I am adopting:

**\*\*\*\*\*\*PLEASE INITIAL EACH NUMBER\*\*\*\*\*\***\*

1. \_\_\_\_\_I release Geri Vincent, Doug Arneson, Equine Aid and all of its members, agents and employees from all liabilities of any kind or character for loss, damage, injury, or death.
2. \_\_\_\_\_I will keep the equine in a safely fenced area; provide proper and sufficient food, water, shelter, grooming and humane treatment at all times. I will provide necessary vaccinations, worming and dental care as recommended by an equine veterinarian.
3. \_\_\_\_\_ I will procure veterinary treatment if the Equine becomes sick or injured. Hoof trimming will be done every four to eight weeks.
4. \_\_\_\_\_In the event that I cannot continue to provide a home for this equine, I will contact Geri Vincent and/or Equine Aid before rehoming, giving away, or selling the horse/donkey. If I am unable to keep this equine, it will be returned to Equine Aid Rescue: No refund will be provided. If the equine requires euthanasia, an equine veterinarian must provide documentation.
5. \_\_\_\_This equine may not be bred. If, under any circumstances, this equine is bred, Equine Aid may take immediate possession of the equine.
6. \_\_\_\_Equine Aid staff reserves the right to visit this animal at any time.

Adopter Signature(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Equine Aid representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Veterinary records are provided including current diet.**