

# R.E.A.S.O.N

Retired Equine Adoption Society Of the Northeast

## ADOPTION AND PLACEMENT CONTRACT

Name of Equine: \_\_\_\_\_

Age at Placement: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

Equine's Markings: \_\_\_\_\_

Tattoo # \_\_\_\_\_ Comments: \_\_\_\_\_  
If Applicable (Office Use Only)

I, \_\_\_\_\_, agree to the following regulations:  
Name Here

- The above referenced equine may only be transferred back to the Retired Equine Adoption Society Of the Northeast (R.E.A.S.O.N).
- The horse may NOT be raced, bred, sold, given away, assigned, dispose of or any interest transferred there of. Should an accidental breeding occur, R.E.A.S.O.N must be notified 24 hours of the birth. This foal becomes the property of the R.E.A.S.O.N program at birth and as such, a placement contract must be signed covering the foal.
- Transportation arrangements and costs are the responsibility of the recipient at the time of placement as well as in the event of the horse being returned or approved replacement.
- If stabling is relocated, R.E.A.S.O.N must be informed and approve the facility prior to the animal being transferred. A new contract will be signed by the recipient upon the moving of the horse. The recipient also agrees not to release the horse from his/her care.
- In event of a horse being returned to the program, adopter must give at least 30 DAYS notice and the horse must have a current coggins. We can only take horses back based on our space availability which may cause a wait of more than 30 days and will be subject to notice.

### Care Requirements:

- Named horse must maintain weight and condition as described by the Henneke Scoring System.
- Proper feed, access to water, minimum 3 sided shelter and adequate fencing (NO BARBED WIRE)
- Veterinary care inoculations must be given a minimum of once a year and regular dental care annually.
- Hoof care every 6 – 10 weeks
- The recipient also agrees to provide veterinary care for illness and/or injury according to the horses needs and/or according to the requirements of \_\_\_\_\_ County ordinance and/or State of \_\_\_\_\_ law.

The following require notifying R.E.A.S.O.N within 24 hours:

- Death of the horse – a statement from the vet stating apparent cause of death must be forwarded to R.E.A.S.O.N.
- Serious illness or injury that could be life threatening.

The recipient agrees to forward a vet check of the above named horse's residence, general condition, weight, and hoof condition during yearly inoculations. (A form will be provided)

The recipient agrees to send in an updated photograph of the horse, it's shelter and fencing annually along with the vet check.

The recipient also agrees to permit a representative of R.E.A.S.O.N to visit the stabling property as necessary to ensure the horse named is in proper care. If the recipient fails to comply with any conditions or regulations

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upon an inspection of the above named horse by an authorized agent of R.E.A.S.O.N, R.E.A.S.O.N reserves the right to regain possession of the above named horse. The recipient agrees to allow an authorized agent of R.E.A.S.O.N to check the horse as R.E.A.S.O.N deems necessary and if the horse must be removed because of non-compliance with this agreement to pay all costs.

The recipient also agrees to hold harmless R.E.A.S.O.N for any damage or injury received by any person or property by named horse.

In addition to horses placed by R.E.A.S.O.N, R.E.A.S.O.N includes no guarantees pertaining to general condition, temperament or soundness.

R.E.A.S.O.N is only interested in finding good, loving permanent homes. Helping an animal in need must be done quickly. This agreement gives our non-profit organization the liberty to ensure each horse is well cared for.

I, \_\_\_\_\_, have read and accept the terms and conditions of above – stated  
(Please Print Name)  
regulations that pertain to my acceptance and placement of the above named horse.

**\*\* I UNDERSTAND THE ADOPTION DONATION IS NON-REFUNDABLE.** Please initial \_\_\_\_\_

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

Signature of Parent or Guardian (If under 18): \_\_\_\_\_

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

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Donation Received: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Your donation at the time of placement is NON-REFUNDABLE. If you return your adopted horse within 30 days for a valid reason, you will be offered a suitable replacement.**

Directions to the stabling site. (R.E.A.S.O.N cannot release a horse to you without directions):

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