

Southern Winds Equine Rescue & Recovery Center, Inc.

HORSE ADOPTION AGREEMENT and RELEASE FORM

The adopting party _____ agrees to the following:

1 To provide fresh, clean food and water, including a trace mineral salt block, and unfrozen water in the winter months.

2 To provide overhead shelter from the elements to protect the animal from snow, rain, sun, etc.

3 To provide proper medical and health care for the horse. This will include, but is not limited to:

*Proper veterinary treatment for injuries.

* Bi-Annual vaccinations.

*Following a regular suggested eight (8) week de-worming schedule.

*Floating teeth on a schedule determined by your vet.

*Providing proper hoof care as determined appropriate by your farrier. (Horses normally require trims every 6 to 10 weeks.)

4 If the horse you are adopting comes with "special needs," or if he or she develops "special needs," I agree to tend to those needs.

5 As the adopter, I will not sell, lease or transfer ownership of the horse. If I can no longer adequately provide for the horse, I will contact Southern Winds Equine Rescue (SWER) and offer SWER first right of refusal in accepting the return of the horse. Should SWER accept, then I will arrange to have the animal returned to the sanctuary at my cost.

6 Under no circumstances will I euthanize the horse because I cannot afford necessary veterinary treatment. I will contact Southern Winds Equine Rescue first to see what can be worked out.

7. I will allow an Adoption Committee member, or a representative of SWERRC, I to do follow-up checks to see how things are going for you and the Horse, either by phone or by a physical visit.

8. I will notify SWEERC, I if I'm moving the horse from one location to another. I will also notify SWEERC, I of any personal address or phone number changes.

9. If the horse I'm adopting is a mare, by signing this contract I agree Not to Breed the Horse.

10. I will notify SWERRC, I in the event of the horse's death.

11. It is the intention of SWERRC, I personnel to, first, do all we can do to ensure quality care for the horses who come through our organization. We are willing to assist you in having a wonderful experience with your new companion. Please call if you have questions.

Description of Horse:

Breed _____

Sex _____

Base Color _____

Markings _____

Age _____

Special Notes _____

_____ Date: _____

Signature of adopting party _____

Printed Name of Adopting party

Address _____

_____ Date: _____

Signature of Southern Winds Equine Rescue & Recovery Center, Inc
Printed Name of SWERRC, I Representative

Witness:

Signature _____ Date _____

Printed Name _____