



## ADOPTION AGREEMENT

This Agreement is entered into on this \_\_\_\_ day of \_\_\_\_ 2011, by and between **Rainbow Meadows Equine Rescue and Retirement, Inc.**, (hereinafter referred to as “**Rescue**”) and \_\_\_\_\_ (hereinafter referred to as “**Adopter(s)**”).

**This Agreement is made in reference to the following horse:**

**Details known about the above referenced horse:**

**Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**Identifying marks or scars:**

**Registration information (if applicable):** N/A

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**Health related information known about above referenced horse:**

**Eyes/Vision:** No issues noted

**Teeth:** No issues noted

**Feet/Legs:** No issues noted

**Back:** No issues noted

**Ears/Hearing:** No issues noted

**Skin/Hair Coat:** No issues noted

**Other health related issues:**

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**Current feeding program:**

*Rainbow Meadows does not provide any supplemental nutritional product to its residents unless they are a “special needs” horse. Horses are maintained on 24 x 7 prairie pasture or prairie hay. Equine obesity is the leading cause of a number of equine health concerns and should be avoided at all cost through reasonable nutritional management. Whole grains are never appropriate for horses and other supplemental nutritional products are not needed for horses in good flesh that can maintain condition on forage alone and should be avoided. A vitamin and mineral supplement, such as Gro String by ADM Alliance, is a good way to provide a balanced intake.*

**Current hoof care program:**

*Rainbow Meadows is committed to the natural care of the equine hoof. This horse has been transitioned from any previous hoof care program to the Natural Barefoot Trim. We recommend that the horse remain barefoot at all times, unless booted or shod for special events with the boots and shoes removed as soon as possible to allow the hoof to move and expand as it should.*

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**Behavior or personality information known about above referenced horse:**

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**Adopter(s) to initial to indicate that you have read and understand each of the following items:**

\_\_\_\_\_ **Adopter(s) understands that this is a binding NO BREEDING contract.** If you are adopting a mare, she is not allowed to reproduce under any circumstances, even accidental exposure to a stallion. If it is determined that breeding has occurred, the rescue may request relinquishment of the mare and any foal resulting from said breeding.

\_\_\_\_\_ Adopter(s) understand that there are no guarantees regarding the health, mental status, rideability, or management of the above listed horse. It is understood that the horse was rescued from a situation where there was neglect, abuse or abandonment. As a result the horse may or may not have any enduring behavioral or health-related conditions that may render it difficult to manage, handle or ride. The adopter understands these circumstances and accepts all limitations related to the above listed horse.

\_\_\_\_\_ Adopter(s) is willing to assume all financial, medical and legal responsibility for the above listed horse. It is understood that this adoption does not imply ownership or the right to lease, rent, sell, trade or otherwise move the horse from the inspected and approved adoption location of \_\_\_\_\_ without express permission from the Rescue.

\_\_\_\_\_ Adopter(s) assumes full responsibility for the health and welfare of the above listed horse. **All routine well-care related to vaccinations (at minimum EWT-West Nile; Rabies), deworming (at minimum 4 times per year), farrier care (no less than 5 times per year), dental care (no less than annually) will be completed in accordance with the guidelines provided by the American Association of Equine Practitioners. Records related to such care will be retained in the permanent adoption file provided by Rainbow Meadows, and provided to the rescue per the schedule listed on the Adoption/Foster Follow-up Contact Record.** Any significant illnesses, lameness, syndrome or other medical concerns will be addressed with a professional veterinarian immediately. Financial responsibility for all medical or well-care related concerns remains with the adopter. Death of the horse will be reported immediately. **Monthly reports are required for 6 months after adoption and an ANNUAL REPORT FORM will be completed and filed with the rescue upon each anniversary of adoption.**

\_\_\_\_\_ Adopter(s) understands that the above referenced horse may be returned to the Rescue at the discretion of the Rescue if the horse has not suffered a significant change in health status.

\_\_\_\_\_ Adopter(s) understands that the above listed horse and the adoption location may be inspected by a representative of the Rescue upon no less than 2 days (48 hours) notice by phone, email, letter or other personal contact at the discretion of the Rescue.

\_\_\_\_\_ Adopter(s) understands that the above listed horse may be confiscated by the Rescue at any time that the Rescue determines the welfare of the horse is in question. Should any assistance be required from law enforcement or an attorney, the Adopter(s) will assume any and all costs of said action.

\_\_\_\_\_ Adopter(s) agree that the above listed horse is to receive the utmost in reasonable and customary feed, nutrition, general well-care, and attention. If Adopter(s) can no longer provide such, Adopter(s) agrees to notify the Rescue immediately for return of the animal.

\_\_\_\_\_ Adopter(s) agrees that should the above listed horse have to be returned to the Rescue, Adopter(s) will remain financially responsible for any illness, disease, syndrome, lameness or other medical concern which developed during their adoptive period, at the discretion of the Rescue.

\_\_\_\_\_ Adopter agrees that a donation of \$ \_\_\_\_\_ has been made at the same time as this adoption and is a statement of support for the work of Rainbow Meadows Equine Rescue and Retirement, Inc. and is not to be construed as payment for the afore-described horse.

A signature below indicates acceptance and understanding of this Agreement in total and that any questions or concerns have been addressed prior to signing.

**Adopter(s):**

**I accept the terms and conditions of the Agreement.**

_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	Date

**Adoption approved by Rescue:**

_____	_____	_____
Signature	Position Title	Date