



FOSTER AGREEMENT

This Agreement is entered into on this _____ day of _____ 2009, by and between **Rainbow Meadows Equine Rescue and Retirement, Inc.**, (hereinafter referred to as “Rescue”) and _____ (hereinafter referred to as “Foster(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

Health related information known about above referenced horse:

Eyes/Vision:

Teeth:

Feet/Legs:

Back:

Ears/Hearing:

Skin/Hair Coat:

Other health related issues:

Vaccinations:

Current worming program:

Current Feeding program:

Behavior or personality information known about above referenced horse:

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

_____ Foster(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 Foster understands these circumstances and accepts all limitations related to the above listed horse.

_____ Foster(s) understands that this foster agreement does not imply ownership or the right to lease, rent, sell, trade or otherwise relocate the horse from the inspected and approved foster location of _____ without express permission from the Rescue.

_____ Foster(s) assumes full responsibility for the health and welfare of the above listed horse. All routine well-care related to vaccinations, worming, farrier work, dental care will be completed following the written management plan provided by the Rescue, and records related to such care will be forwarded to the Rescue for the permanent file. Any significant illnesses, lameness, syndrome or other medical concerns must be reported to the Rescue immediately.

_____ Foster(s) understands that the Foster Agreement may be cancelled by the Rescue, without cause, at any time and that the Foster may cancel the agreement with 30 days written notice. Should the Rescue require assistance from law enforcement or an attorney to obtain possession of any foster horse, the Foster(s) will assume any and all costs of said action.

_____ Foster(s) understands that the above listed horse and the foster location may be inspected by a representative of the Rescue upon 24 hours notice by phone, email, letter or other personal contact at the discretion of the Rescue.

_____ Foster(s) assumes all personal and property liability for any damage or injury which may occur with the handling, management, or care of the foster animal.

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

_____ Foster(s) agrees that should the above listed horse have to be returned to the Rescue, Foster(s) will remain financially responsible for any illness, disease, syndrome, lameness or other medical concern which developed due to negligence, abuse or neglect during their foster period, at the discretion of the Rescue.

_____ Foster(s) understands that the financial support of this animal is a recognized donation to the Rescue within the limits of the tax laws in the Foster's state and that the Rescue is not responsible for any items not allowed as deductions by the IRS.

_____ Foster(s) acknowledges that there is no salary, payment or other reimbursement for any activities related to being a Foster without written authorization from the Rescue.

_____ Foster(s) agrees to provide written and photographic updates to the Rescue on the foster animal no less than once every 30 days.

