



**2024**  
**ADOPTION AGREEMENT**

This Agreement is entered into on the DATE by and between Rainbow Meadows Equine Rescue and Retirement, Inc., (hereinafter referred to as “Rescue”) and **NAME** (hereinafter referred to as “Adopter(s)”).

Current Contact Information:

Address:

City:            ST:            Zip:

Email Address:

Phone:

\_\_\_\_\_ Adopter agrees to notify RM within 30 days if any of the above contact information changes.

Location horse will be housed:

Address:

City:            ST:            Zip:

\_\_\_\_\_ Adopter(s) agrees that the address listed is the ONLY facility where the adopted horse(s) can reside, with the exception of short-term training facilities for the express purpose of training the adopted horse. Adopter(s) must contact Rainbow Meadows for an inspection of any other facility prior to the horse(s) changing locations EXCEPT in the event of an emergency where the horse(s) is at jeopardy at its approved location. In that event, Rainbow Meadows is to be contacted IMMEDIATELY upon movement of the horse(s).

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

Details known about the above referenced horse:

Date of Birth:                      Gender:                      Color:

Identifying marks:

Registration information (if applicable):

Health related information known about above referenced horse:

Eyes/Vision:

Teeth:

Feet/Legs:

Back:

Ears/Hearing:

Skin/Hair Coat:

Other health related issues:

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 Strong 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. The 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.

Behavior or personality information known about above referenced horse:



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

\_\_\_\_\_ Adopter(s) agrees to notify Rainbow Meadows within 24 hours of the death of the horse. In addition, the name and phone number of a licensed Vet will be provided which was involved in the decision for euthanasia if applicable.

\_\_\_\_\_ 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, ride-ability, 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(s). It is understood that the adoption does not imply ownership or the right to lease, rent, sell, or trade the horse under any circumstances.

\_\_\_\_\_ The Adopter(s) may move the horse(s) from the inspected and approved adoption location of (**PLACE HORSE WILL BE HOUSED**) with the 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 in accordance with the 2024 recommendations of the AAEP which involves “Targeted Deworming” requiring fecal floats periodically through the year (1-3 floats, or more, annually depending upon results of fecal floats and parasite treatments) and ONE dedicated deworming AFTER HARD FREEZE each year with a Botacide and Tapeworm treatment (***Zimecterin Gold or Equimectrin Gold or Quest Plus***), routine farrier care (no less than 5 times per year), dental float (no less than annually unless your Veterinarian or licensed Equine Dentist provides a letter indicating the horse does not need annual care. In that case, floats will be conducted no less than every 18 months) will be completed in accordance with the guidelines provided by the American Association of Equine Practitioners. Records related to ALL wellness care will be retained in the permanent Adoption Folder provided by Rainbow Meadows, and forwarded 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 licensed veterinarian immediately. Financial responsibility for all medical and well-care related concerns remains with the adopter. Death of the horse will be reported immediately via the Notification of Equid Death form included in the Adoption Folder provided at the time of Adoption. 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) further understands that the above referenced horse may not be sold, traded, leased or given away at any time. The horse may be returned to the Rescue, at the discretion of the Rescue regarding date of return, via a Forfeiture Process if the horse has not suffered a significant change in health status.

\_\_\_\_\_ Adopter(s) understand the following FORFIETURE PROCESS: 1-that a horse may be returned to the rescue within the first six months of adoption, assuming the horse is up to date on ALL WELLNESS CARE (negative Coggin's, dental float, vaccination for EWT-WN and Rabies within 6 months of forfeiture and dewormed 14 days prior to transport to the rescue with Quest Plus) and the horse has suffered no injury or illness compromising the horse's quality of life and ability to be rehomed. If the horse meets the above criteria and is returned within six months of adoption, there is NO FEE associated with its return. 2-A horse may be returned to the rescue AFTER the initial six months of adoption assuming the horse is up to date on ALL WELLNESS CARE (negative Coggin's, dental float, vaccination for EWT-WN and Rabies within 6 months of forfeiture and dewormed 14 days prior to transport to the rescue with Quest Plus) and the horse has suffered no injury or illness compromising the horse's quality of life and ability to be rehomed. If the horse meets the above criteria and is returned after six months of adoption, a RETURN FEE may apply. It is the responsibility of the adopter to provide safe and reliable transport back to the Rescue at the convenience of the Rescue.

\_\_\_\_\_ 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. It is understood any legal issues will be resolved in the State of Kansas regardless of the location of the adopted horse(s) or adopter(s).

\_\_\_\_\_ 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 per the FORFEITURE PROCESS.

\_\_\_\_\_ 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.

\_\_\_\_\_ An Administrative/Health and Wellness fee of \$\_\_\_\_\_.00 per adopted horse, donkey or mule is assigned at the time of adoption. This fee is designed ONLY to seek reimbursement assistance with the cost of routine wellness care to prevent an adopter from having to seek the services of a Veterinarian upon arrival home.

We hope that all adopters understand that the Administrative/Health and Wellness fee does not provide any future support of the work of Rainbow Meadows to offer safe haven to horses, donkeys and mules in need and will provide an additional tax-deductible donation of \$\_\_\_\_\_. \_\_\_\_\_ as a free-will gift and statement of faith and support for the mission of Rainbow Meadows. It is understood that the notated administrative/health and wellness fee and any additional donation which has been made at the same time as the 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 the 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

Adoption approved by Rescue:

_____	_____	_____
Signature	Position Title	Date