

HORSE ADOPTION AGREEMENT and RELEASE FORM

The adopting party agrees to the following:

1. To provide fresh, clean food and water, including trace mineral salt block, and unfrozen water in 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 not limited to:
 - * Proper veterinary treatment for injuries
 - * Annual vaccinations
 - * Following a regular 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 trimming every 6 – 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 "special 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 SWERRC and have the animal returned to the Center at my cost.
 6. Under no circumstance will I euthanize the horse because I cannot afford necessary veterinary treatment. I will contact SWERRC first to see what can be worked out,
 7. I will allow an Adoption Committee Member or a representative to survey the area allocated to the adopted animal as required assuring the facilities are adequate to care for the horse.
 8. I will notify SWERRC, I if I am moving the horse from one location to another. I will also notify SWERRC, I of any personal address or phone number changes.
 9. If the horse I am adopting is a mare, I will sign and follow through with the agreement to not breed the horse.
 10. I will notify SWERRC, I in the event of the horse's death.
- 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 be of whatever kind of help we can be to assist you in having a wonderful experience with your new companion. If you have questions on behavior, training, health issues, or any of the many other things that can arise, please feel free to contact us and we will help to the best of our ability.

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 _____