

Akindale Rehabilitation and Land Conservation Fund  
323 Quaker Hill Road ~ Pawling, NY 12564  
Phone 845-855-1262

Date: \_\_\_\_\_

Dear: \_\_\_\_\_,

Thank you for inquiring about adopting a retired Thoroughbred racehorse. Please read and complete the Application, sign the Placement Agreement and return them to the address below. We advise that you keep a copy of these documents for your future reference. Please include a check for \$15.00 to help defray the postage and administrative expenses.

Included with this packet is a sample veterinary report form for you to keep for your reference. This is a mandatory vet check form that will be provided for your veterinarian to fill out at the beginning of each year. This is our way of insuring that each horse we place is healthy and happy.

Transporting the horse you adopt will be your responsibility.

We require an adoption fee/donation, the minimum being \$500.00. The actual amount of the adoption fee/donation is based on the amount of care and retraining time the Fund has invested in the horse prior to adoption and does vary with each individual horse. The adoption fee/donation is NON-REFUNDABLE and will only be accepted in the form of a certified check, money order or cash.

Please read the Placement Agreement carefully. It is designed to protect the horse so the Fund is assured of its proper care and location. A representative from the Fund may personally visit your stabling site as well. We require that you have stabling where other horses live or that you have a companion animal for the horse you are adopting. We hope that each placement is a permanent one; however, if for some reason you are unable to continue to provide a home for your horse, we request thirty days notice to arrange for its care. Transportation back to the approved Fund facility will also be the responsibility of the returning party. It is required that all horses arrive with a current negative Coggins test.

The enclosed forms must be completed and returned before we begin to look for your horse. Please allow us the time needed to coordinate a proper match. The waiting time could be a month or longer. We will only offer you a horse that fits your requirements. The number of horses available to us for adoption varies from time to time, so please be patient, the right horse will come along.

We look forward to finding the horse you desire!

Very yours truly,

Adoption Coordinator  
Akindale Rehabilitation and Land Conservation Fund  
323 Quaker Hill Road  
Pawling, NY 12564  
Phone 845-855-1262

## ADOPTION APPLICATION

NAME: _____	AGE: _____
ADDRESS: _____	
_____	
SOCIAL SECURITY NUMBER _____	
PHONE NUMBER: (HOME) _____	
(WORK) _____	
FAX: _____	E-MAIL _____
DATE: _____	

Please answer the following questions completely. If more detail is needed, you may attach a separate piece of paper.

### APPLICANT PREFERENCE FOR HORSE:

GENDER:	<input type="checkbox"/> Gelding	<input type="checkbox"/> Mare	<input type="checkbox"/> No Preference												
AGE OF HORSE:	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15+	<input type="checkbox"/> No Preference
COLOR:	<input type="checkbox"/> Bay	<input type="checkbox"/> Chestnut	<input type="checkbox"/> Grey/Roan	<input type="checkbox"/> Black	<input type="checkbox"/> No Preference										
SIZE:	<input type="checkbox"/> 15.2 hands or under	<input type="checkbox"/> 15.0 – 15.3 hands	<input type="checkbox"/> 16.0+ hands	<input type="checkbox"/> No Preference											

### APPLICANT RIDING EXPERIENCE:

Please describe the riding experience of the applicant:
_____
_____
Use of the horse: <input type="checkbox"/> trails/pleasure <input type="checkbox"/> shows <input type="checkbox"/> companion <input type="checkbox"/> handicap program <input type="checkbox"/> youth <input type="checkbox"/> other Explain: _____

You must provide pictures of the shelter and turn-out area where you intend to board the horse. We would also appreciate pictures of any animals you now own. These pictures will be returned promptly if you include a self addressed stamped envelope.

According to the law, you are responsible for providing the proper care and ongoing maintenance of the horse. This includes providing the appropriate year round shelter, free access to water, proper feed, inoculations, dental care, hoof care and de-worming. You are also responsible for providing veterinary care, as necessary, in the event of illness or accident; as well as routine visits.

We would find it helpful to learn what you believe is the "ideal" horse for you. We welcome any additional comments and descriptions in the space provided or on a separate sheet of paper.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your interest, please stay in contact with us by phone or letter to ensure your continued interest until we are able to locate the ideal horse for you.

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*Signature of applicant and person responsible for the horse's care:*

*Applicant Signature:* \_\_\_\_\_

*Person(s) Responsible ~ Signature(s):* \_\_\_\_\_ (Parent or Guardian if under 18 years of age)

*PLEASE RETURN TO:*  
Akindale Rehabilitation and Land Conservation Fund  
323 Quaker Hill Road  
Pawling, NY 12564  
Phone: 845-855-1262

Horse: _____ Adopter: _____ SS# _____ Date of Placement ____/____/____
---------------------------------------------------------------------------

**PLACEMENT AGREEMENT**

*The Recipient agrees to the following conditions and regulations:*

1. Named horse may only be transferred back to the Akindale Rehabilitation and Land Conservation Fund.
2. The horse may not be raced, bred, sold, used for commercial purposes, given away, assigned or disposed of, nor have any interest in thereof transferred. Should a life threatening issue arise, named horse may only be humanely euthanized by a licensed veterinarian.
3. Transportation arrangements and costs are the responsibility of the recipient at the time of placement and in the event of return or replacement.
4. Unless in the event of an emergency, thirty days notice must be given in order to allow the Fund time to properly relocate the horse.
5. Any horse being returned to a Fund facility and/or new adoptive home will require a current negative Coggins, which is the responsibility of the current adoptive owner.
6. The adoption fee is NON-REFUNDABLE.
7. If the recipient changes the location of the horse or changes the horse's veterinarian, the Fund must be provided the new stabling information and the veterinarian information within five (5) days of said change.
8. **General Care Required:** 1) named horse must maintain weight and condition as described by the Henneke Scoring System between Moderate (5) and Fleshy (7). This will vary depending on the level of exercise the horse is receiving. 2) Said horse must have free access to fresh water at all times, as well as salt/mineral supplements. 3) At minimum, a three sided shelter must be available at all times. 4) Adequate fencing and a companion animal must be provided.
9. **Health Care Required:** 1) Yearly vaccinations are required. Eastern/Western Encephalitis, Rhino, Tetanus, Rabies, West Nile and any other inoculations your veterinarian recommends for endemic diseases are mandatory. 2) Dental Care is the responsibility of the said adopter. Teeth must be kept in good condition. Adopter is responsible for getting the teeth checked and floated if necessary. 3) Said horse must be kept on a regular de-worming program. 4) Proper Hoof care is required to be done as often as necessary to maintain sound hooves.
10. **Illness or Injury and Care:** The recipient agrees to provide recommended veterinary care for illness and/or injury according to the horse's needs and/or according to the requirements of \_\_\_\_\_ County ordinance and/or the laws of the State of \_\_\_\_\_.

11. The recipient agrees to forward a veterinarian's brief statement of the named horse's residence, general condition, weight, teeth and hoof condition at the time of Spring inoculations or upon request (a brief health check form will be provided by the Fund for this purpose once a year). This form will be returned no later than May 1<sup>st</sup> of each year following the named horse's placement date.
12. The recipient agrees in advance that the Fund has the right to obtain all veterinary records directly from any veterinarian treating the horse and that *execution of this form shall serve as a release to the applicable veterinarian, authorizing the delivery to the Fund all veterinary records maintained.*
13. The following require notifying the Fund within 24 hours: Death of a horse. (A statement from a veterinarian stating the apparent cause of death must be forwarded to the Fund); serious injury or illness that could be life threatening.
14. The recipient agrees that the named horse will reside at: \_\_\_\_\_  
Stable address and directions: \_\_\_\_\_
15. Detailed description of said equine's physical condition and stable vices at the time of placement: \_\_\_\_\_  
\_\_\_\_\_
16. If the recipient fails to comply with any of the conditions or regulations, the Akindale Rehabilitation and Land Conservation Fund reserves the right to regain possession of the named horse.
17. The recipient agrees to permit a representative of the Fund to visit the stabling property and the named horse and to return named horse to the program if the Fund feels the situation is undesirable for the well being of the horse, according to the standards explained herein.
18. **The recipient also releases the Akindale Rehabilitation and Land Conservation Fund from any liability and agrees to hold harmless the Akindale Rehabilitation and Land Conservation Fund and any of its employees, agents, directors, or trustees from any and all liability related to the horse, and any injury or cause of action related to the horse. The Akindale Rehabilitation and Land Conservation Fund makes no representations or guarantees about the soundness, abilities, temperament or health of the horse from the time said horse is released to the adoptive recipients. Further more, the recipient agrees to all conditions set forth in this agreement regarding the above aforementioned.**
19. I UNDERSTAND THAT THERE ARE MANY RISKS INVOLVED IN RIDING, PARTICIPATING WITH AND/OR BEING AROUND HORSES. I UNDERSTAND THAT HORSES ARE UNPREDICTABLE BY NATURE AND IN THEIR BEHAVIOR AND CAN UNEXPECTEDLY BITE, KICK, BUCK, REAR UP, STRIKE OUT, RUN AWAY FROM OR OVER ANYONE OR ANYTHING IN THEIR PATH. THEY HAVE ALSO BEEN KNOWN TO JUMP FORWARD, BACKWARDS OR SIDE TO SIDE AND HAVE BEEN KNOWN TO CAUSE INJURY TO THEMSELVES AND OTHERS, INCLUDING OTHER HORSES WHO MAY OR MAY NOT HAVE RIDERS. I ALSO UNDERSTAND THAT HORSES CAN DO ANY OF THESE THINGS AND MANY OTHERS NOT SPECIFICALLY MENTIONED, WITHOUT APPARENT REASON AND/OR WARNING. I ALSO UNDERSTAND THAT, DUE TO THEIR SIZE, THEY ARE POWERFUL AND INHERENTLY DANGEROUS.

***I FURTHER UNDERSTAND THAT ANYONE RIDING OR NEAR A HORSE IS AT RISK AT ALL TIMES AND CAN SUFFER BODILY INJURIES AND/OR PROPERTY DAMAGE. I ALSO AGREE THAT I WILL NOT HOLD THE AKINDALE REHABILITATION AND LAND CONSERVATION FUND OR ITS AGENTS, EMPLOYEES, TRUSTEES, OR DIRECTORS RESPONSIBLE FOR ANY INJURIES OR DAMAGES I SUSTAIN***

**RESULTING IN ANY WAY FROM THE ADOPTED EQUINE.**

**I, \_\_\_\_\_ have read and accept the terms, conditions and above stated regulations that pertain to my acceptance and placement of the adopted horse. (Information below to be completed at the time of placement):**

**SIGNATURE:** \_\_\_\_\_

**AGE:** \_\_\_\_\_

Registered Name of Horse: \_\_\_\_\_

Sex \_\_\_\_\_ Tattoo #: \_\_\_\_\_ Color: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize this placement of the above named horse.

Date of placement: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

*This donation may be tax deductible by the adopter. The adopter should consult his/her independent tax advisor to determine deductibility.*

\_\_\_\_\_  
(Name if adopter)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
(Phone number)

\_\_\_\_\_  
\_\_\_\_\_  
(Complete address)

**Akindale Rehabilitation and Land Conservation Fund**  
**323 Quaker Hill Road**  
**Pawling, NY 12564**  
**Phone 845-255-1262**

To be completed by adopter/foster applicant

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

To be completed by equine professional reference:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

How long have you worked for or known the applicant? \_\_\_\_\_

If you have not previously worked with the applicant's animals, after speaking with the applicant, do you agree to work with any equine he/she may adopt or foster from the Akindale Rehabilitation and Land Conservation Fund?

\_\_\_\_\_  
Please explain your answer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you feel that any equine, adopted or fostered from the Akindale Rehabilitation and Land Conservation Fund, would be provided a good home with all the care and attention necessary for a happy and healthy life? Why or why not?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for taking the time to complete this form!

Akindale Rehabilitation and Land Conservation Fund  
323 Quaker Hill Road  
Pawling, NY 12564  
Phone: 845-855-1262

Dear Veterinarian:

\_\_\_\_\_ adopted a horse from the Akindale Rehabilitation and Land Conservation Fund. We require information pertaining to the horse's condition from the attending veterinarian. Please note that we require the following diseases be vaccinated against at the appropriate time each year: E/W Encephalitis, Tetanus, Rabies, WNV, and Rhino. Please advise your client if you feel there are other endemic diseases for which precautions should be taken.

The enclosed form should be fully complete and mailed (self-addressed envelope is enclosed) or faxed to the Fund at 845-855-1262. The veterinary Follow-Up Form must be completed by a licensed veterinarian and we appreciate receiving this from you directly.

Thank you for your cooperation and comments.

Sincerely,

Adoption Coordinator  
Akindale Rehabilitation and Land Conservation Fund



# Akindale Rehabilitation and Land Conservation Fund Veterinary Follow-Up Form

Section A To be filled out by ADOPTIVE OWNER (Please Print):

Horse's Jockey Club Name: _____	Tattoo # _____
Name of Adoptive Owner: _____	
Telephone Number: _____	
Address of Stabling Site: _____	

Section B To be filled out by a VETERINARIAN ONLY:

Name of Veterinarian: _____	
State: _____	License Number: _____
Telephone Number: _____	
Business Address: _____	
Veterinarian's Signature: _____	

Section C To be filled out by VETERINARIAN ONLY:

Date of Exam: _____	
Color and Markings of Examined Horse: _____	
Approximate Height: _____	Approximate Weight: _____
(Please Circle)	
1. Y N	Has named horse had all required vaccinations in the last year?
2. Y N	Is horse on a regular de-worming program?
3. Y N	Is shelter/stable adequate?
4. Teeth:	<input type="checkbox"/> recently floated <input type="checkbox"/> adequate <input type="checkbox"/> need attention
5. Hooves:	<input type="checkbox"/> recently trimmed <input type="checkbox"/> adequate <input type="checkbox"/> need attention
6. Please rate the condition of this horse according to the attached chart: _____	
Your comments are appreciated:	
_____	
_____	
_____	