



Akindale Thoroughbred Rescue
323 Quaker Hill Road ~ Pawling, NY 12564
Phone 845-855-1262 ~ adoptions@akindalehorserescue.org

Date: _____

Thank you for inquiring about adopting an OTTB. Please read and complete the Application, sign the Placement Agreement and return them to adoptions@akindalehorserescue.org or bring them to your adoption facility. A fully signed copy will be mailed back to you after the adoption is complete. 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 administrative expenses.

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

Please read the Placement Agreement carefully. It is designed to protect the horse so ATBR is assured of its proper care and location for life. A representative from ATBR may personally visit your stabling site as well.

We require that horses are stabled in an environment with other horses 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 return to ATBR facility. Transportation back to the approved ATBR facility will also be the responsibility of the returning party. It is required that all horses arrive with a current negative Coggins test and a completed surrender form.

Horses can be transferred to a new adopter with approval of ATBR. The new adopter must complete an application and adoption agreement and be approved BEFORE the horse transfers homes.

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 complete each year. This is our way of insuring that each horse we place is healthy and happy for life.

Thank You,

Adoption Coordinator
Akindale Rehabilitation and Land Conservation Fund



Akindale Thoroughbred Rescue
323 Quaker Hill Road ~ Pawling, NY 12564
Phone 845-855-1262 ~ adoptions@akindalehorserescue.org

ADOPTION APPLICATION

NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER _____ DOB: _____

PHONE NUMBER: (HOME) _____

(CELL) _____

E-MAIL _____

APPLICANT PREFERENCE FOR HORSE:

Gelding _____ Mare _____ No Preference _____

Horses Age: _____

Color Preference if any: _____

Size / Hands: _____

APPLICANT RIDING EXPERIENCE (Please describe):

RIDING DISCIPLINE: Dressage ____ Hunter/Jumper ____ Eventing ____ Polo ____ Trail/Pleasure ____
companion ____ Therapeutic Program ____ Lesson Program ____ other: _____

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 or email them to adoptions@akindalehorserescue.org

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.

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)



Akindale Thoroughbred Rescue
323 Quaker Hill Road ~ Pawling, NY 12564
Phone 845-855-1262 ~ adoptions@akindalehorserescue.org

ADOPTION APPLICATION – REFERENCES

To be completed by applicant:

Name: _____

Address: _____

Phone: _____

To be completed by equine professional reference:

Name of Professional Equine Reference: _____

Address: _____

Phone: _____

Email: _____

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 Thoroughbred Rescue

Yes or No: _____

Please explain if needed:

Do you feel that any equine, adopted from Akindale Thoroughbred Rescue, 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 Thoroughbred Rescue



Akindale Thoroughbred Rescue
323 Quaker Hill Road ~ Pawling, NY 12564
Phone 845-855-1262 ~ adoptions@akindalehorserescue.org

PLACEMENT AGREEMENT

Date: _____
Horse: _____ Tattoo# _____
Sex: _____ Color: _____
Adopter: _____ SS# _____

The Recipient agrees to the following conditions and regulations:

1. Named horse may only be transferred back to Akindale Thoroughbred Rescue or to an approved adopter AFTER new adopter is approved and completes all necessary adoption and placement documentation with Akindale Thoroughbred Rescue.
2. The horse may not be raced, bred, sold, used for commercial purposes, given away or disposed of, nor have any interest in thereof transferred without written approval of Akindale Thoroughbred Rescue. 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 Akindale Thoroughbred Rescue time to properly relocate the horse.
5. Any horse being returned to an ATBR 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, ATBR 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 Fleishy (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.



Akindale Thoroughbred Rescue
323 Quaker Hill Road ~ Pawling, NY 12564
Phone 845-855-1262 ~ adoptions@akindalehorserescue.org

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 ATBR for this purpose once a year). This form will be returned no later than May 1st of each year following the named horse's placement date.

12. The recipient agrees in advance that ATBR 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 ATBR all veterinary records maintained.*

13. The following require notifying ATBR within 24 hours: Death of a horse. (A statement from a veterinarian stating the apparent cause of death must be forwarded to ATBR); serious injury or illness that could be life threatening.

14. The recipient agrees that the named horse will reside at: _____
Stable address:: _____

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, Akindale Thoroughbred Rescue reserves the right to regain possession of the named horse.

17. The recipient agrees to permit a representative of ATBR to visit the stabling property and the named horse and to return named horse to the program if the ATBR Representative feels the situation is undesirable for the well being of the horse, according to the standards explained herein.

18. The recipient also releases Akindale Thoroughbred Rescue from any liability and agrees to hold harmless Akindale Thoroughbred Rescue and any of its employees, agents, directors, or



Akindale Thoroughbred Rescue
323 Quaker Hill Road ~ Pawling, NY 12564
Phone 845-855-1262 ~ adoptions@akindalehorserescue.org

trustees from any and all liability related to the horse, and any injury or cause of action related to the horse. Akindale Thoroughbred Rescue 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 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 AKINDALE THOROUGHBRED RESCUE OR ITS AGENTS, EMPLOYEES, TRUSTEES, OR DIRECTORS RESPONSIBLE FOR ANY INJURIES OR DAMAGES I SUSTAIN RESULTING IN ANY WAY FROM THE ADOPTED EQUINE.

I, _____ (Adopter) have read and accept the terms, conditions and above stated regulations that pertain to my acceptance and placement of the adopted horse.

ADOPTERS SIGNATURE: _____ **Date:** _____

I, _____ (ATBR Adoption Coordinator) hereby authorize the placement of the above named horse.

AKINDALE SIGNATURE: _____ **Date:** _____

**Akindale Thoroughbred Rescue
323 Quaker Hill Road
Pawling, NY 12564
845-855-1262**



Akindale Thoroughbred Rescue
323 Quaker Hill Road ~ Pawling, NY 12564
Phone 845-855-1262 ~ adoptions@akindalehorserescue.org

Date:

Dear Veterinarian:

_____ adopted a horse from the Akindale Thoroughbred Rescue.

We require a yearly Veterinarian Follow-up Form stating the adopted 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, Rhino and any required in the horses stabling location. Please advise your client if you feel there are other endemic diseases for which precautions should be taken.

The enclosed form should be completed and mailed or emailed to info@akindalehorserescue.org. 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,



Akindale Thoroughbred Rescue
323 Quaker Hill Road ~ Pawling, NY 12564
Phone 845-855-1262 ~ adoptions@akindalehorserescue.org

YEARLY VETERINARY FOLLOW-UP FORM

Section A

To be completed 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: recently floated adequate need attention

5. Hooves: recently trimmed adequate need attention

6. Please rate the condition of this horse according to the attached chart: _____

Your comments are appreciated:
