



Maker's Mark  
**Secretariat Center**  
THE GOLD STANDARD IN THOROUGHBRED RESCHOOLING

## HORSE INTAKE AGREEMENT

Come the parties, Secretariat Center by and through its representative, agent or employee, and \_\_\_\_\_ "Owner" or Authorized Agent of the Horse identified below; hereby enter into this Intake Agreement (hereinafter "Agreement") for the donation and transfer of ownership of the "Horse" to Secretariat Center.

"HORSE"	
Registered Name	
Tattoo/Registration #:	
Sex	
Color	
Date of Birth	
Sire/Dam	

"OWNER"	
Full Name	
Street Address	
City, State, Zip	
Phone	
Email	

"TRAINER"	
Full Name	
Street Address	
City, State, Zip	
Phone	
Email	

Owner hereby attests that he/she is the legal and rightful owner(s) of the Horse, that no other person has any legal or equitable ownership interest in or to the Horse, and that he/she has full right and authority to transfer ownership of the Horse to Secretariat Center. By his/her signature(s) below, Owner does hereby irrevocably give, assign and transfer any and all rights, title and interest in and to the Horse, completely and permanently to Secretariat Center immediately and automatically after acceptance of the delivery of the Horse.

Secretariat Center shall have sole and full discretion on the care and disposition of the horse to include making decisions on veterinary treatment or procedures, adoption of the horse to persons or organizations deemed suitable by Secretariat Center, or euthanasia. Secretariat Center shall not be responsible for any fees, including boarding fees, prior to acceptance of the delivery of the Horse. Donor will indemnify and hold Secretariat Center harmless from any claim arising or lien asserted from past care of the Horse.

The Parties agree that this Agreement is governed by the laws of the Commonwealth of Kentucky, and that venue and jurisdiction for any case involving this Agreement is in the Fayette Circuit Court, Lexington, Kentucky. This Agreement also contains the entire agreement of the parties and there are no warranties express or implied other than those contained herein or incorporated by reference. This Agreement may be executed in counterpart by fax or electronic signatures, which counterparts shall be full enforceable as a single original document.

To help Secretariat Center fulfill its mission of successfully transitioning racehorses to new careers, **Owner is asked to provide a donation to Secretariat Center in the suggested amount of \$1,500 as the reasonable and usual sum for veterinary, dental and farrier care, training, and boarding for the initial month of residency at Secretariat Center.** Secretariat Center will provide Owner with documentation acknowledging the donation of the horse as well as the monetary donation made by Owner.

**Please indicate if you are able to sponsor the Horse with a donation to Secretariat Center.**

- Yes, I can contribute a one-time donation of \$\_\_\_\_\_.
- Yes, I can contribute \$\_\_\_\_\_ per month until the Horse is adopted.
- No, I cannot make a financial contribution at this time.

\_\_\_\_\_  
 Signature of Owner or Authorized Agent

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Secretariat Center Representative [info@secretariatcenter.org](mailto:info@secretariatcenter.org)  
 4155 Walt Robertson Rd. Lexington, KY 40511 (859) 246-3080

\_\_\_\_\_  
 Date



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## HORSE INTAKE QUESTIONNAIRE

**Please allow us to place these horses in the best possible *long-term* situations & schedule procedures by answering these questions to the best of your knowledge.**

**\*Current negative Coggins & Health Certificate required for entrance into Kentucky Horse Park & Secretariat Center\***

CURRENT VACCINATIONS (Flu/Rhino, E/W Encephalitis, Rabies, Tetanus, West Nile, Botulism):

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MOST CURRENT WORMING (Type & Date): \_\_\_\_\_ **Due** **Unknown**

LAST DENTAL EXAM: \_\_\_\_\_ **Due** **Unknown**

CASTRATION DATE: \_\_\_\_\_ LAST RIDDEN: \_\_\_\_\_

IS THE HORSE A CRIBBER? **Yes** **No** **Don't know**

STABLE VICES? **Weaving** **Stall Walking** **Biting/Destructive Habits To Note:** \_\_\_\_\_

HAS THE HORSE BEEN TURNED OUT WITH OTHER HORSES? **Yes** **No** **Not Recently**

IS THE HORSE FAMILIAR WITH AUTOMATIC WATER DISPENSERS? **Yes** **No** **Don't know**

LOCATION OF REGISTRATION PAPERS (\*appreciated but not required to go with the horse):

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PAST INJURIES, SURGERIES, OR PROCEDURES TO NOTE:

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ANY PARTICULAR IDIOSYNCRASIES, SENSITIVITIES, OR ALLERGIES TO NOTE?

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IF A MARE, ANY SIGNIFICANT TEMPERAMENT CHANGES OR DISCOMFORT DURING ESTRUS?

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HAS THIS MARE EVER HAD ANY FOALS? \_\_\_\_\_

**\*If applicable\* Please RELEASE or provide copies of all vet reports and/or radiographs, ultrasounds, etc. to the Secretariat Center.**

**[info@secretariatcenter.org](mailto:info@secretariatcenter.org)**

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