



PLACEMENT AGREEMENT

Date: _____
Horse (JC NAME): _____
Sex: _____ Color: _____
Adopter Name: _____
Phone: _____ Email: _____
Mailing Address: _____

Adopter agrees to the following conditions and regulations:

1. Named horse may only be transferred back to Akindale Thoroughbred Rescue or to a new adopter/buyer AFTER new adopter/buyer completes and submits required placement agreement with Akindale Thoroughbred Rescue. We recommend each new party keeps a copy of the transfer for their records.
2. The horse may not be raced, bred, 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. If within two years of your adoption date you are unable to continue to provide a home for your horse, we request thirty days notice to arrange for its care unless in the event of an emergency. This allows us time to arrange for the horses arrival, return transportation is the adopters responsibility.
5. Any horse being returned to Akindale Thoroughbred Rescue 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. **General Care Required:**
 - a) Said horse must maintain weight and condition as described by the Henneke Scoring System between a (4) and (7). This will vary depending on the level of exercise the horse is receiving.
 - b) Said horse must have free access to fresh water and adequate feed at all times.
 - c) At minimum, a three sided shelter must be available at all times.
 - d) Adequate fencing and a companion animal must be provided.

Akindale Thoroughbred Rescue • 323 Quaker Hill Road, Pawling, NY 12564 • 845-493-0315 •
Monique@AkindaleHorseRescue.org

8. Health Care Required:

- a) Yearly vaccinations are required. Eastern/Western Encephalitis, Rhino, Tetanus, Rabies, West Nile and any other inoculations your veterinarian recommends for endemic diseases are mandatory.
- b) 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 as necessary.
- c) Said horse must be kept on a regular de-worming program.
- d) Proper Hoof care is required to be done as often as necessary to maintain sound hooves.

9. 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 _____.

10. Adopter agrees to complete Akindale's Yearly Veterinarian Follow Up Form either electronically thru our website or via email/mail. This form confirms yearly vaccinations have been completed and submission of a side confirmation photo to validate horses current body condition.

We ask this be completed with yearly spring vaccinations, but no later than June 30th. Please use horses Jockey Club name on all documentation. If your horse is deceased, please let us know so we can remove you from our yearly follow up.

11. Adopter agrees in advance that Akindale 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 Akindale all veterinary records maintained.***

12. Adopter agrees that the named horse will reside at: _____
Stable address:: _____

13. Detailed description of said equine's physical condition and stable vices at the time of placement: _____

14. If adopter fails to comply with any of the conditions or regulations above, Akindale Thoroughbred Rescue reserves the right to regain possession of the named horse. Akindale retains the right to visit the stabling property and the named horse in the event there is a quality of care concern. and to regain possession of named horse to the program if the Akindale Representative feels the situation is undesirable for the well being of the horse, according to the standards explained herein.

15. The Adopter also releases Akindale Thoroughbred Rescue from any liability and agrees to hold harmless Akindale Thoroughbred Rescue 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. 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 adopter agrees to all conditions set forth in this agreement regarding the above aforementioned.

16. 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: _____