



88-03 70<sup>th</sup> Road  
Forest Hills, NY 11375  
(646) 233-4507  
[www.gallopnyc.org](http://www.gallopnyc.org)

### GallopNYC Rehoming Agreement

#### Description of Horse

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

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

Breed: \_\_\_\_\_

Age: \_\_\_\_\_

Height (hh): \_\_\_\_\_

Sex: \_\_\_\_\_

Color & Markings: \_\_\_\_\_

Description of Training History: \_\_\_\_\_

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

Does horse crib, stall weave, or other stall habits? \_\_\_\_\_

Does horse load in trailer easily? \_\_\_\_\_

Does horse stand for vet/farrier/dentist? \_\_\_\_\_

Does horse stand for clipping? \_\_\_\_\_

Normal turnout: \_\_\_\_\_ hrs/day

with companion? \_\_\_\_\_ alone? \_\_\_\_\_ pasture? \_\_\_\_\_ paddock? \_\_\_\_\_ run-in? \_\_\_\_\_

#### Current diet:

Grain (type, amount, brand): \_\_\_\_\_

Hay (lbs/day or flakes/day): \_\_\_\_\_

Supplements: \_\_\_\_\_

Medications: \_\_\_\_\_

Relevant veterinary information (including soundness and maintenance issues):

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



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Appropriate activities/workload for above named horse upon arrival to recipient:

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City, State, and Zip: \_\_\_\_\_

Home #: (        ) \_\_\_\_\_ - \_\_\_\_\_ Cell #: (        ) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

Location address of retirement home if different from above:

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GallopNYC Requirements for care of above named re-homed horse:

1. Must maintain a healthy weight and condition.
2. Must have access to fresh water at all times.
3. Recipients maintain proper hoof care for soundness.
4. Recipients conduct yearly dental care.
5. Recipients follow de-worming program as recommended by veterinarian.
6. Mandatory vaccinations to include at least: rhino, flu, tetanus, EEE, WEE, EIA, West Nile, rabies, strangles
7. Recipients provide all necessary veterinary care in the event of injury or sickness.
8. Recipient agrees not to re-home, sell, lease, trade, auction, or change locations (from listed address above) of the above-named horse under any circumstances.
9. If the horse, for any reason, needs to change locations from the listed address above, recipient must obtain explicit, written consent from GallopNYC at a minimum of 30 days beforehand.
10. If the above-named horse is determined to be considered for euthanization, recipient is required to obtain explicit, written consent from GallopNYC at a minimum of 24 hours beforehand.
11. Recipient agrees not to race, compete, or breed the above named horse under any circumstances.
12. Transportation arrangements and cost are the responsibility of the recipient at the time of placement and in the event of a return.
13. If above-named horse is to be returned to GallopNYC, GallopNYC will require a current negative Coggins, a current health certificate, and vaccination records up to date.
14. Recipient agrees that GallopNYC reserves the right to obtain all veterinary records directly from any veterinarian treating the above-named horse.
15. Recipient agrees to permit a representative of GallopNYC to inspect the stabling, and review the care of the above named horse.
16. If GallopNYC representative determines the recipient's situation is inappropriate for the well-being or soundness of the above named horse according to the standards explained above, the named horse will be transferred back to GallopNYC.
17. If recipient fails to comply with any of the conditions of requirements listed above, GallopNYC reserves the right to regain full possession of the above named horse.
18. Recipient releases GallopNYC from any liability and agrees to hold harmless GallopNYC and any of its employees, agents, directors, participants, or trustees from any and all liability related to the horse; and any injury or cause of action related to the horse.



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Additional Terms and Conditions:

1. RECIPIENT acknowledges that as part of the consideration of this transaction “GallopNYC Rehoming Agreement” hereby agrees to provide humane conditions for the above named horse in accordance with the guidelines outlined above and pursuant to the “Additional Terms and Conditions” that follow the signatures to this agreement.

2. In consideration of “GallopNYC Rehoming Agreement” to abide by the conditions of this agreement, GALLOPNYC shall relinquish possession of the above named horse to the RECIPIENT, and RECIPIENT shall accept the care, custody, and control of the above named horses CONDITIONAL on successfully abiding by the requirements listed above and terms of this agreement.

I, \_\_\_\_\_ (RECIPIENT), have read and accept these above-stated terms, requirements, and conditions that pertain to my acceptance of the above named horse \_\_\_\_\_.

_____ Recipient Name (Print)	_____ Recipient Name (Signature)	____/____/____ Date
_____ GallopNYC Agent Name (Print)	_____ GallopNYC Agent Name (Signature)	____/____/____ Date