

16004 Crossbay Blvd. PMB 256  
Howard Beach NY 11414  
Phone:(855) 925-5661

### **GallopNYC Rehoming Agreement**

Registered Name of Horse ("Horse"): \_\_\_\_\_

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

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Height (hh): \_\_\_\_\_

Sex: \_\_\_\_\_ Color & Markings: \_\_\_\_\_ USEF #: \_\_\_\_\_

Veterinarian's name: \_\_\_\_\_

Veterinarian address: \_\_\_\_\_  
\_\_\_\_\_

Veterinarian phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

Any relevant veterinary information (including soundness and maintenance issues):  
\_\_\_\_\_  
\_\_\_\_\_

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

Name of Recipient: \_\_\_\_\_

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

Home #: ( ) \_\_\_\_ - \_\_\_\_ Cell #: ( ) \_\_\_\_ - \_\_\_\_ Work/Office #: ( ) \_\_\_\_ - \_\_\_\_

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

Location address of retirement home if different from above:  
\_\_\_\_\_

#### **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. Horse care:
  - a. Recipient maintains proper hoof care for sound hooves.
  - b. Recipient conducts yearly dental care.
  - c. Recipient follows de-worming program

- d. Recipient provides all vaccinations as recommended by veterinarian.
  - e. Recipient provides all necessary veterinary care in the event of injury or sickness.
  - f. Recipient agrees that GallopNYC reserves the right to obtain **ALL** veterinary records directly from any veterinarian treating the above-named horse.
4. Recipient agrees not to re-home, sell, lease, trade, or change locations (from listed address above) of the above-named horse without first obtaining explicit, written consent from GallopNYC at a minimum of 30 days beforehand.
5. In the event the horse is re-homed, Recipient agrees that the terms of the agreement are binding on any future adopter and that any future adopter must first obtain explicit, written consent from GallopNYC at a minimum of 30 days beforehand.
6. Recipient and/or any individual or organization in possession of the equine as of the date of the agreement and any time thereafter is bound to not sell the equine at auction for slaughter or allow the equine to be sold, transferred, released, or otherwise placed into possession of any person or organization that will cause or allow the equine to be sold at auction for slaughter.
7. 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 unless need is dire.**
8. Use of Horse
- a. Recipient agrees **NOT** to race, compete, or breed the above named horse under **ANY** circumstances.
  - b. Recipient agrees to **ONLY** engage the above named horse in the listed activities above. The above named horse is **NOT** permitted to engage in **ANY** activities that are **NOT** listed above.
9. Transportation arrangements and cost are the responsibility of the recipient at the time of placement and in the event of a return.
10. If Horse is to be returned to GallopNYC, GallopNYC will **REQUIRE** a current negative Coggins, a current Health Certificate, and all shots up-to-date including Rhino Flu, Tetanus, Eastern-Western Encephalitis, Coggins, West Nile, Strangles, Rabies, Potomac Horse Fever.
11. Recipient agrees to permit a representative of GallopNYC to inspect the stabling, and review the care of the above named horse.
12. If a GallopNYC representative determines the recipient's situation is inappropriate for the well-being or soundness of the Horse according to the standards explained above, the Horse will be transferred back to GallopNYC.
13. If Recipient fails to comply with **ANY** of the conditions of requirements listed above, GallopNYC reserves the right to regain full possession of the Horse.

In consideration of execution of the "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 Horse CONDITIONAL on successfully abiding by the requirements listed above and terms of this agreement.

RECIPIENT UNDERSTANDS THAT THERE ARE MANY RISKS INVOLVED IN RIDING, PARTICIPATING, AND/OR BEING AROUND HORSES. RECIPIENT UNDERSTANDS THAT HORSES ARE UNPREDICTABLE BY NATURE AND THEIR BEHAVIOR CAN UNEXPECTEDLY BITE, KICK, BUCK, REAR, STRIKE OUT, RUN AWAY OR THROUGH ANYTHING IN THEIR PATH. THEY HAVE BEEN KNOWN TO JUMP FORWARDS, BACKWARDS, OR SIDE TO SIDE AND HAVE CAUSED INJURY TO THEMSELVES AND TO OTHERS, INCLUDING OTHER HORSES WHO MAY OR MAY NOT HAVE RIDERS. RECIPIENT UNDERSTANDS THAT HORSES CAN DO ANY OF THESE THINGS, AND OTHER THINGS NOT SPECIFICALLY MENTIONED WITHOUT APPARENT REASON AND WARNING. RECIPIENT UNDERSTANDS THAT, DUE TO THEIR SIZE, THEY ARE POWERFUL AND INHERENTLY DANGEROUS. RECIPIENT FURTHER UNDERSTANDS THAT ANYONE RIDING OR BEING NEAR A HORSE IS AT RISK AND CAN SUFFER BODILY INJURIES AND/OR PROPERTY DAMAGE. RECIPIENT RELEASES and AGREES NOT TO HOLD GALLOPNYC OR ANY GALLOPNYC AGENT, EMPLOYEE, TRUSTEE, CHAIRPERSON, VOLUNTEER, PARTICIPANT, OR DIRECTOR RESPONSIBLE FOR ANY INJURIES OR DAMAGES RESULTING IN ANY WAY FROM THE ABOVE NAMED HORSE.

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Recipient Name (Print) Recipient Name (Signature) Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
GallopNYC Agent Name (Print) GallopNYC Agent Name (Signature) Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Witness Name (Print) Witness Name (Signature) Date