



**HORSE RETIREMENT**

Name of Adopter: \_\_\_\_\_

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

Phone Number(s): (Home) \_\_\_\_\_

(Cell) \_\_\_\_\_

Horse information:

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

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

Reason for retirement: \_\_\_\_\_

Where will you be keeping this horse? \_\_\_\_\_

\_\_\_\_\_

**\*\*If the horse is moved from this location Fieldstone Farm must be notified.**

What is the turnout routine – (daily, every other day, etc... for hours, half days, etc...)

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

What are your plans for this horse? \_\_\_\_\_

\_\_\_\_\_

Please list your veterinarian's name and phone number:

\_\_\_\_\_

Please list your farrier's name and phone number:

\_\_\_\_\_

Please list three personal / character references:

Name / Phone # / Relationship

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please list three horse related references:

Name / Phone # / Relationship

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I agree to provide for and am responsible for the care of \_\_\_\_\_ I will provide adequate turnout, vet care, farrier, dental care, appropriate food, water and shelter for this horse and any other basic needs that this horse may need(emergency medical treatment, blanketing etc.). I understand that should I become unable to keep \_\_\_\_\_, I will call Fieldstone Farm to discuss options for his/her return.

I also understand that Fieldstone Farm reserves the right to visit without process of law. Fieldstone Farm will contact the owner prior to visit. If Fieldstone Farm feels acceptable levels of care are not being provided, the animal may be removed at that time with out process of law. I agree to waive all claims of trespass or damage.

By signing this document, I agree that I have read the above conditions and understand them.

Sign: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_

*Fieldstone Farm agent*

Sign: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_

*Adopter*