

HORSE OWNERSHIP TRANSFER CONTRACT

High Hopes Therapeutic Riding, Inc. hereby donates and transfers ownership of the horse:

Name	Height	Color	Breed	Gender
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TO: _____

High Hopes Therapeutic Riding, Inc., agrees that _____ shall be the sole owner of this horse.

The horse is free and clear of any encumbrances. _____ has the intention to keep the horse as a companion animal and does not intend to breed the horse. When the horse is no longer useful to the new owner, or new owner is unable to provide sufficient care, High Hopes is to be notified and the horse is to be returned to High Hopes' facility. High Hopes must be notified when the physical address of the facility where the horse is being kept changes.

High Hopes reserves the right to perform scheduled visits to the horse's new home, with the intention of confirming that care is sufficient and that horse is in good condition. These visits will likely occur on a monthly basis for the first three months after ownership is transferred and then every six months thereafter until a time that High Hopes feels the visits can be discontinued.

High Hopes reserves the right to reclaim said horse if it is determined that owner is not adhering to High Hopes' Code of Ethics for horse care. Breeding of mares is prohibited. Evidence of annual veterinary care (including examination by a licensed veterinarian, vaccinations, dental care and parasite control) will be required to be submitted to High Hopes each year before June 1.

I, the undersigned, understand that there can be risks involved with riding and handling horses. I will not hold High Hopes Therapeutic Riding, Inc., its directors, staff or volunteers, in any way responsible for any loss, accident or injury which may occur to persons, animals, equipment or property while _____ is in my care.

Equine Operations Director

New Owner Signature

Executive Director

Date