



Children, Horses and Adults in PartnerShip Equine Assisted Therapy

PMB 201, 1590 Sugarland Dr, Ste B
Sheridan, WY 82801
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www.chapswyo.org
307-673-6161

Retirement Agreement:

_____ is to be retired at the residence of _____
_____ effective _____.

Terms:

_____ is surrendered to _____,
meaning they take on full responsibility for his care, well-being and management including, but not limited to:

- Proper nutrition
- Hoof & dental care
- Preventative medicine

until he requires euthanasia or dies of natural causes.

If for any reason _____ needs to find a new home, you are required to notify CHAPS first. CHAPS will have a say in the re-homing of _____.

You are required to provide updates (at least 6) for one (1) year from date of agreement.

Signed this day _____, 201____

Kristen Marcus, ED _____

New Owner/Representative
