



Mailing Address:
PO Box 148
Bergen, NY 14416

www.purplepony.org

Program Address:
7295 Beaver Meadow Rd
Bergen, NY 14416

Rehoming Contract

Description of Equine

Name _____
Breed _____
Color _____
Age _____
Sex _____

Adopter Information

Name _____
Equine Location _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Email _____

This agreement is made on this ____ day of _____, 20____ by and between _____, hereinafter referred to as the “adopter” and Purple Pony Therapeutic Horsemanship, Inc. hereinafter referred to as “the organization”.

Adopter agrees to pay the adoption fee of \$_____.

1. Adopter understands and agrees that the equine identified in this contract may not be sold, given away, lent, leased, raced or sold for slaughter, for a period of one year, without the written approval of the Organization.
2. Adopter agrees to meet Organizations standard of care for said equine, maintaining good nutritional health, vet care, vaccinations, worming, dental care and hoof care.
3. Should the Adopter decide that the equine is no longer wanted for any reason, Adopter understands that the Organization will require right of first refusal. The Organization will then have the right to take back or assist with placement of the equine with another suitable party.
4. Adopter agrees that an authorized representative of the Organization may enter the property where the said equine resides during normal business hours and without notice to determine if all conditions of this adoption contract are being complied with completely for a period of one year from adoption date. Should a violation of any of these terms be found and in the judgement of at least two members of the Board of Directors of the Organization such conditions represent a danger to the health and welfare of

