

The Saddle Light Center for Therapeutic Horsemanship

Retama Equestrian Center
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The Saddle Light Center Equine Re-homing Application and Agreement

Name of horse: _____ Suggested Adoption Fee for horse: _____

Approved job/duties for horse: _____

Contact information for potential new owner: _____

Name: _____

Address: _____

Email: _____ Phone: _____

Name & contact information for equine professionals who will be caring for the adopted horse:

Veterinarian(s): _____

Farrier(s): _____

Describe your experience with handling, caring for, riding and/or training equines: _____

What do you plan on using this equine for? _____

By checking and signing below, potential owner agrees that all information in this application is answered in its entirety and in truth.

_____ How many equines do you currently have?

_____ How many equines have you previously owned?

_____ How much time per week do you plan on spending with the equine?

_____ Potential owner has previous experience with horse ownership or equine will be boarded at a facility with management provided by a professional in the equestrian field.

_____ Horse will be kept on a property with a minimum of one other equine for companionship.

_____ 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 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.

_____ Equine will receive annual vaccination, de-worming every (4) months, dental care and 6-8 week farrier service.

_____ Equine will have access to fresh water at all times, as well as salt/mineral supplements.

_____ Equine will receive good, clean feed and hay to maintain a healthy weight & condition for its age.

_____ The new owner will agree NOT TO BREED the Equine either by live coverage or artificial insemination.

_____ The adopter agrees to permit a representative of The Saddle Light Center to inspect the stabling and care of the adopted horse. If the situation is undesirable for the well-being of the adopted horse according to the standards explained above, the adopted horse will be transferred back to The Saddle Light Center.

_____ I understand that there are many risks involved in riding, participating and/or being around horses. I understand that horses are unpredictable by nature. I further understand that anyone riding or being near a horse is at risk and can suffer bodily injuries and/or property damage. The adopter releases The Saddle Light Center from any liability and agrees to hold harmless The Saddle Light Center and any of its employees, agents, directors, or trustees from any and all liability related to the adopted horse, and any injury or cause of action related to the horse. The Saddle Light Center will release copies of the horse's medical records as reference of care and any treatment the horse received while in the Saddle Light Center's care. Furthermore, the adopted agrees to all conditions set forth in this agreement regarding the above aforementioned.

I, _____ have read and accept the terms, conditions and above-stated regulations that pertain to my acceptance and adoption of the horse: _____

Gender: _____ Color: _____ Tattoo/Registration#: _____

Name (Printed)

Name (Signature)

Street Address

City, State, Zip Code

Email address

_____-_____-_____
Phone number

Date: _____

Executive Director of The Saddle Light Center

Witness