

Rehoming Agreement

Hooves of Hope Equestrian Center

Horse Information

Horse's Barn Name: _____ Birth Date: _____ Height: _____

Color: _____ Markings: _____ Sex: _____ Microchip #: _____

Veterinarian Approved Activities and Uses: _____

Excluded Activities and Uses: _____

Adopter Information

Name: _____

Address: _____ City, State, and Zip code: _____

Phone: *Home* - _____ *Cell* - _____ *Work* - _____

Email address: _____

Location of the horse if different than above: _____

Terms of Rehoming Agreement

1. False statements can result in legal action and a voided application
2. Owner Qualifications
 - a. At least 21 years old
 - b. Owned at least one other equine within their life
 - c. Ability to keep equine with at least one other equine
 - d. Agree to an on-site visit from the Hooves of Hope staff before they acquire the equine.
 - e. Agree to scheduled visits of the equine during the duration of the equine's life.
 - f. Provide vet, farrier, and dentist they plan to use and allow Hooves of Hope to call them
3. Track for Life Program: Hooves of Hope requires that the owner provide yearly updates of the equine.
 - a. Every year by May 31st the owner must email photos of the equine to equinemanager@hoovesofhopeky.org as well as a description of how the equine is doing. They must include up to date photos of each side of the horse without any obstruction. Failure to do so will result in Hooves of Hope acquiring ownership of the equine.
 - b. Under no circumstance can the horse be sold to an auction or slaughterhouse, or surrendered to a rescue.
4. This equine will not be used for any work that has not first been cleared by a veterinarian. Examples include: Driving, Jumping, Plowing, etc.
5. 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 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
6. The equine will not be used for breeding purposes.

7. This is the retirement home for the equine. To the best of applicant's ability, the equine will live out their life with applicant. In the event that the equine does need to be rehomed:
- Hooves of Hope has first right of refusal: If the owner decides to re-home the equine via sale, donation, or any other form at any time, Hooves of Hope must be notified. Hooves of Hope will be allowed two weeks to decide if Hooves of Hope will gain ownership of the horse free of charge. In the event that Hooves of Hope chooses not to gain ownership of the horse, the owner must provide contact information for the new owner and the new owner must agree to all the terms within this agreement. Additionally, Hooves of Hope will assess the new owner by the standards above and has the right to deny sale or donation of the horse.
 - The equine may, at any time, be returned to Hooves of Hope free of charge
 - This agreement shall remain in effect until the death of the equine. The terms of the agreement are binding on any future adopter or any third-party person or entity taking possession of the equine. Any future adopter or any third-party person or entity taking possession of the equine must re-sign an agreement with the organization prior to the equine being placed into the possession of any future adopter or any third-party person or entity.
8. If any part of this agreement is breached the horse will immediately be surrendered back to Hooves of Hope.

Please sign below if applicant agrees to the rules of the Adoption Agreement

Applicant Signature: _____

Date: _____

Representative of Hooves of Hope Signature: _____

Date: _____

Adoption Application
Hooves of Hope Equestrian Center

General Information

Name: _____ Email address: _____

Phone: _____

Home address: _____

Occupation: _____ Employer: _____

Background Information

Have you ever sold a horse to an auction? If so, why: _____

Have you ever surrendered a horse? If so, why: _____

Have you ever been issued a warning or citation or been convicted for a violation against animals? **Yes** **No**

If yes, please explain: _____

How much have you budgeted for the horse per year: _____

What would you do with the horse if you have to

move: _____

Who will take care of the horse while you're out of town: _____

How long do you intend to keep the horse: _____

Are you currently working with an instructor or trainer **Yes** **No**

Name: _____

Phone: _____

Email: _____

Is Hooves of Hope allowed to contact your trainer? **Yes** **No**

Type of riding **Western** **English** **Other:** _____

Riding goals: _____

Level of riding experience **Beginner** **Intermediate** **Advanced**

Riding and handling level of primary caretaker **Beginner** **Intermediate** **Advanced**

Horse Information

Have you ever owned a horse before? **Yes No** If yes, how long:

Do you currently own any horses? **Yes No**

If yes, please provide breeds and ages: _____

Please answer the following about the horse you are looking for:

Age: _____ Height: _____

Personality: _____

Intended use: _____

Are you willing to invest in corrective shoeing? **Yes No**

Are you willing to maintain any supplements or medication the horse is given? **Yes No**

Are you able to accommodate a horse with dietary restrictions such as needing a dry lot? If yes,

explain: _____

What vaccinations do you plan to give?: _____

Name and contact of the veterinarian do you plan to use: _____

Name and contact of the farrier do you plan to use: _____

Name and contact of the equine dentist do you plan to use: _____

Property/Facility Information

Facility name and address where you will keep the horse : _____

Is this property and facility owned by applicant? **Yes No**

If not, who owns this property and facility? _____

Phone: _____ Email: _____

Type of gates/fencing: _____

Automatic waterers: **Yes No**

Run in shed: **Yes No**

Grass Pasture: **Yes No**

Dry Lot: **Yes No**

Option for either grass pasture or dry lot depending on the horse's needs: **Yes No**

Barn with stalls: **Yes No**

Is the facility open for a site visit by Hooves of Hope staff: **Yes No**

Please provide pictures of the facilities including all structures and pastures that the horse will be kept in.

Pictures can be sent to equinemanager@hoovesofhopeky.org

References

Personal/Character Reference (Non-familial) (equine related preferred)

Name: _____

Phone Number: _____ Email: _____

Veterinarian Reference

Name: _____

Phone Number: _____ Email: _____

Farrier

Name: _____

Phone Number: _____ Email: _____

Equine Dentist

Name: _____

Phone Number: _____ Email: _____