



Phone: (859) 519-8355

Fax: (518)-226-0699 (attn: Sara)

Sara@thoroughbredretirement.org

Thank you for inquiring about adopting a retired Thoroughbred racehorse. Please read and complete the Application, sign the Placement Agreement and return them to the Thoroughbred Retirement Foundation, Inc. (TRF) at the above email address or fax. We advise that you keep a copy of these documents for your future reference.

Included with this packet is a sample veterinary report form for you to keep for your reference. This is a mandatory vet check form that will need to be completed by your veterinarian at the beginning of each and every year, if you choose to adopt. We track our horses for life and this is our way of insuring that each horse we place is healthy and happy.

Transporting the horse you adopt will be your responsibility.

In some cases we require a minimum adoption fee/donation of \$500.00 (unless otherwise waived). The amount of the adoption fee/donation is based on the amount of care and retraining time the TRF has invested in the horse prior to adoption and varies with each individual horse. The adoption fee/donation is non-refundable, as the fee is a donation to the TRF and not a purchase price.

Please be sure to read the Placement Agreement carefully. It is designed to protect the horse so the Foundation is assured of its proper care and location. Someone from the TRF may personally visit your stabling site as well. We require that you have stabling where other horses live or that you have a companion animal for the horse you are adopting. We hope each placement is a permanent one; however, if for some reason you are unable to continue to provide a home for your horse, we request thirty days notice to arrange for this care. Transportation back to an approved TRF facility will also be the responsibility of the returning party. It is required that all horses arrive at a TRF facility with a current negative Coggins test. If at any point, you wish to transfer guardianship to a second party – that individual must also apply for and be granted the right by TRF to adopt the horse.

We will only offer you a horse that fits your requirements and the number of horses available for adoption varies from time to time. So please be patient – the right horse will come along.

We look forward to finding the horse you desire!

Very truly yours,

Sara Davenport

Herd Manager

Thoroughbred Retirement Foundation

PLACEMENT AGREEMENT

Horse: _____ Adopter: _____ Date of Placement: ____/____/____

The Recipient agrees to the following conditions and regulations:

1. Named horse may only be transferred back to the Thoroughbred Retirement Foundation (TRF) or transferred to another adopter who has been **approved by the TRF**. Unless in the event of an emergency, **thirty days notice must be given in order to allow TRF time to properly relocate the horse.**
2. The horse may not be raced or bred, assigned or disposed of. Should a life threatening situation arise, named horse may only be humanely euthanized by a licensed veterinarian.
3. Transportation arrangements and cost are the responsibility of the recipient at the time of placement and in the event of return or replacement.
4. Any horse being returned to a TRF facility or to a new adoptive home will require a current negative Coggins, which is the responsibility of the current adoptive owner.
5. The adoption fee is non-refundable, as it is a donation, not a sales price.
6. If the recipient moves or changes the location of the horse, TRF must be provided the new address or stabling information within five (5) days of said change.
7. **General Care Required:** 1) Named horse must maintain a healthy weight and condition for their age, as described by the Henneke Scoring System. This will vary depending on the level of exercise the horse is receiving. 2) Said horse must have free access to fresh water at all times, as well as salt/mineral supplements. 3) At minimum, a three-sided shelter must be available at all times. 4) Adequate fencing and a companion animal must also be provided.
8. **Health Care Required:** 1) Yearly vaccinations are required. Eastern/Western Encephalitis, Rhino, Tetanus, Rabies, West Nile and any other inoculations your veterinarian recommends for endemic diseases are strongly recommended. 2) Dental Care is the responsibility of the said adopter. Teeth must be kept in good condition. Adopter is responsible for getting teeth checked and floated if necessary. 3) Said horse must be kept on a regular de-worming program. 4) Proper hoof care is required to be done as often as necessary to maintain sound hooves.
9. **Illness or Injury and Care:** The recipient agrees to provide recommended veterinary care for illness and/or injury according to the horse's needs and/or according to the requirements of _____ County ordinance and/or the laws of the State of _____.
10. The recipient agrees to forward a veterinarian's brief statement of named horse's residence, general condition, weight, teeth and hoof condition at time of Spring inoculations or upon request (a brief health check form will be provided by the TRF for this purpose once a year). **This form is to be returned no later than June 1 of each year following named horse's placement date.**
11. The recipient agrees in advance that the TRF has the right to obtain all veterinary records directly from any veterinarian treating the horse and that execution of this form shall serve as a release to the applicable veterinarian authorizing the delivery to the TRF of all veterinary records maintained.
12. **The following require notifying TRF within 24 hours:** Death of horse.
13. The recipient agrees that the named horse will reside at: (Stable address) _____

14. Detailed description of said equine's physical condition and stable vices at time of placement: _____

15. If the recipient fails to comply with any of the conditions or regulations, the Thoroughbred Retirement Foundation reserves the right to regain possession of the named horse.
16. The recipient agrees to permit a representative of TRF to visit the stabling property and the named horse and to return named horse to the program if TRF feels the situation is undesirable for the well-being of the horse according to the standards explained herein.
17. The recipient also releases the Thoroughbred Retirement Foundation from any liability and agrees to hold harmless the Thoroughbred Retirement Foundation and any of its employees, agents, directors, or trustees from any and all liability related to the horse, and any injury or cause of action related to the horse. The Thoroughbred Retirement Foundation makes no representations or guarantees about the soundness, abilities, temperament or health of the horse from the time said horse is released to the adoptive recipients. Furthermore the recipient agrees to all conditions set forth in this agreement regarding the above aforementioned.

I UNDERSTAND THAT THERE ARE MANY RISKS INVOLVED IN RIDING, PARTICIPATING AND/OR BEING AROUND HORSES. I UNDERSTAND THAT HORSES ARE UNPREDICTABLE BY NATURE AND IN THEIR BEHAVIOR AND CAN UNEXPECTEDLY BITE, KICK, BUCK, REAR UP, STRIKE OUT, RUN AWAY OR OVER ANYONE OR ANYTHING IN THEIR PATH. THEY HAVE ALSO BEEN KNOWN TO JUMP FORWARD, BACKWARDS, OR SIDE TO SIDE AND HAVE CAUSED INJURY TO THEMSELVES AND TO OTHERS, INCLUDING OTHER HORSES WHO MAY OR MAY NOT HAVE RIDERS. I ALSO UNDERSTAND THAT HORSES CAN DO ANY OF THESE THINGS AND OTHER THINGS NOT SPECIFICALLY MENTIONED WITHOUT APPARENT REASON AND WARNING. I ALSO UNDERSTAND THAT, DUE TO THEIR SIZE, THEY ARE POWERFUL AND INHERENTLY DANGEROUS.

I FURTHER UNDERSTAND THAT ANYONE RIDING OR BEING NEAR A HORSE IS AT RISK AND CAN SUFFER BODILY INJURIES AND/OR PROPERTY DAMAGE. I ALSO AGREE THAT I WILL NOT HOLD THE THOROUGHBRED RETIREMENT FOUNDATION OR AGENT, EMPLOYEE, TRUSTIES, OR DIRECTORS RESPONSIBLE FOR ANY INJURIES OR DAMAGES IF I SHOULD BE INJURED OR HAVE DAMAGES RESULTING IN ANY WAY FROM THE ADOPTED EQUINE.

I, _____ have read and accept the terms, conditions and above-stated regulations that pertain to my acceptance and placement of (Information below to be completed at time of placement):

SIGNATURE: _____

Date: ____/____/____

Registered Name of Horse: _____

Gender: _____ **Tattoo #:** _____ **Color:** _____

I, _____ hereby authorize this placement of the above-named horse.

Date of Placement: ____/____/____

This donation may be tax deductible by the adopter. The adopter should consult his/her independent tax advisor to determine deductibility.

(Name of adopter)

____ - ____ - ____
(Phone number)

(Complete address)

(Email address)

RETURN TO: Thoroughbred Retirement Foundation
ATTN: Sara Davenport
Phone: 859-519-8355 Fax: 518-226-0699
sara@thoroughbredretirement.org

Equine Professional Reference Check

Adopter Name: _____

To be completed by equine professional reference:

Name: _____

Address: _____

Phone: _____

How long have you worked for or known the applicant? _____

If you have not previously worked with the applicant's animals, after speaking with the applicant do you agree to work with any equine he/she may adopt or foster from The Thoroughbred Retirement Foundation? Please explain your answer. _____

Please describe the work you have done for the applicant's animals?

Describe your impression of the care and condition of the animals the applicant currently owns:

Do you think the applicant would make a good foster or adoptive home for an equine from the Thoroughbred Retirement Foundation? Why or why not?

Signature / Date _____

Thank you for taking the time to complete this form!

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sara@thoroughbredretirement.org

Veterinarian Reference Check

Adopter Name: _____

To be completed by veterinarian reference:

Name: _____

Address: _____

Phone: _____

How long have you been treating the applicant's animals? _____

If you have not previously treated the applicant's animals, after speaking with the applicant do you agree to treat any equine he/she may adopt or foster from The Thoroughbred Retirement Foundation? Please explain your answer.

Does the applicant keep his/her animals current on their vaccinations and other health care?

Describe your impression of the care and condition of the animals the applicant currently owns:

Do you think the applicant would make a good foster or adoptive home for an equine from the Thoroughbred Retirement Foundation? Why or why not?

Signature / Date _____

Thank you for taking the time to complete this form!

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(SAMPLE ONLY)

(Vet Form to be completed annually for any adoptive TRF horse)

Thoroughbred Retirement Foundation Veterinary Follow -Up Form

Section A to be filled out by ADOPTIVE OWNER (Please Print):

Section A: Horse's Jockey Club Name: _____ Tattoo#: _____
Name of Adoptive Owner: _____
Telephone Number (home) : _____ Email Address: _____
Home Address: _____
Address of Stabling Site (if different): _____

Sections B and C to be filled out by a VETERINARIAN ONLY:

Section B: Name of Veterinarian: _____
State: _____ License Number: _____
Telephone Number: _____
Business Address: _____
Veterinarian's Signature: _____

Section C: Date of Exam: _____
Color and Markings of Examined Horse: _____
Approximate Height: _____ Approximate Weight: _____
1 Has named horse had all required vaccinations in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is horse on a regular de-worming program? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is shelter/stable adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Teeth: <input type="checkbox"/> recently floated <input type="checkbox"/> adequate <input type="checkbox"/> need attention
5. Hooves: <input type="checkbox"/> recently trimmed <input type="checkbox"/> adequate <input type="checkbox"/> need attention
6. Please Rate the condition of this horse according to the attached chart: _____
Your comments are appreciated: _____ _____

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