ADOPTION FORM

Louisiana Horse Rescue Association 29 Winegeart Rd. Glenmora, LA 71433

[www.louisianahorserescue.com](http://www.louisianahorserescue.com) Email: [adoption@louisianahorserescue.com](mailto:adoption@louisianahorserescue.com) or [admin@louisianahorserescue.com](mailto:admin@louisianahorserescue.com)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HORSE NAME | |  | | | | | | | | |
| REGISTRATION/TATTOO/OTHER ID | |  | | | | | AGE |  | | |
| BREED | |  | | | | | COLOR | |  | |
| MARKINGS | |  | | | | | | | | |
| DATE OF LAST VACCINATION | |  | | | DATE LAST WORMING | | | | |  |
| VICES/USE RESTRICTIONS | |  | | | | | | | | |
| ADOPTION FEE | |  | | COGGINS DATE | |  | | | | |
| ADOPTOR FULL LEGAL NAME | |  | | | | | | | | |
| ADOPTOR ADDRESS |  | | | | | | | | | |
| NAME/ADDRESS OF BOARDING FACILITY |  | | | | | | | | | |
| ADOPTOR PRIMARY PHONE |  | | ADOPTOR EMAIL | | |  | | | | |

**AGREEMENT**

As Adoptor, I agree to the lifetime conditional adoption agreement with Louisiana Horse Rescue Association. I agree that Louisiana Horse Rescue Association will have the first right of refusal in the event I am no longer capable of providing a home for this horse. Additionally, should the adoptor sell or rehome this horse during the first twelve months of ownership, LHRA must approve the new owner using their then current adoption process.

I agree to keep this horse in a healthy, fit, safe environment at all times, maintain a high level of care in feed and health issues. If I should not be able to perform these duties and maintain overall health of the horse I will notify Louisiana Horse Rescue Association via telephone or e-mail or in writing to surrender the horse to the organization.

Should LHRA become aware that the horse is not being kept in safe conditions with feed, hay and shelter adequate enough to maintain a body condition score of 4, LHRA retains the right to repossess the horse.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adopter

Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_