

ADOPTION CONTRACT
Lilly Pond Foal Rescue
3655 Ferry Landing Rd Dunkirk Md 20754
www.lillypond.info Email: info@lillypond.info 410-299-0021

Horse's Name _____ Age _____

Registration/Tattoo/Other ID _____ Height _____

Breed _____

Color _____ Markings _____

Date of Last Vaccination _____ Date of Last Worming _____

Vices/Use Restrictions _____

Adoption Fee _____ Coggins Date _____

Adopter Full Legal Name _____

Adopter Address _____
(Street Address) (City/State/Zip Code)

Name/Address of Boarding Facility _____

(Street Address) (City) (State/Zip Code)

Adopter Primary Phone _____ Secondary Phone _____

Email _____

AGREEMENT

Please Initial next to each point and sign at the bottom.

- _____ I understand I am adopting a horse from a troubled background. I understand that Lilly Pond Foal Rescue's history of the horse starts when the horse arrives on their property.
- _____ I agree that all transport of the horse is my responsibility to and from LPFR. If I personally am unable to transport the horse it is my responsibility to find an LPFR approved transporter. If I need to bring the horse back for any reason it is my responsibility to find an LPFR approved transporter.
- _____ I agree to the lifetime conditional adoption agreement with Lilly Pond Foal Rescue. I agree that Lilly Pond Foal Rescue 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 Adopter sell or rehome this horse during the first twelve months of ownership, LPFR must approve the new owner using their then current adoption process.
- _____ I agree that the Adoption fee will be paid in full to LPFR when I pick up the horse. I understand that this is a NON-Refundable Adoption fee even if the horse is returned to LPFR at any point in time.
- _____ 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 Lilly Pond Foal Rescue via telephone or e-mail or in writing to surrender the horse to the organization.
- _____ Should LPFR 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 5 LPFR retains the right to repossess the horse.
- _____ I agree to maintain adequate hoof care of at least being trimmed every 8 weeks. I understand as rescue horses some horses may require special farrier care and agree to continue with the care level needed to maintain the soundness of the horse. If I fail to do so LPFR retains the right to repossess the horse.
- _____ I agree to maintain an appropriate vaccination schedule, Coggins test, worming schedule, and dental care on a regular basis and understand that if I fail to do so LPFR retains the right to repossess the horse.
- _____ I agree to provide proof of the above mentioned measures and/or time stamped photos of the horse's current conditions may be requested at any time by LPFR and must be provided by the Adopter within a timely fashion.
- _____ I agree that this is a NON-Profit organization and my adoption fee goes towards the care that LPFR has already provided the horse I am adopting. Under no circumstances is my adoption fee refundable. If LPFR has to repossess their horse for any reason or if I surrender the horse back to them my adoption fee is not going to be refunded back.

Adopter

Signed: _____ Date: _____

Approved Board Member

Signed: _____ Date: _____