Trial 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 _____

Trial Fee _____ Coggins Date _____

Rider Full Legal Name _____

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

Name/Address of Boarding Facility_____

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

Rider Primary Phone _____Secondary Phone_____

Email _____

Agreed Upon Trial Time (Circle One)

                        One Week   Two Weeks

Trial Start Date _____ Trial End Date _____

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

———— I understand I am trying 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 horseback riding is an inherently dangerous sport. I understand that neither LPFR nor I know everything about the horse I am trying out and doing so at my own risk. I have taken the advice from LPFR on which horse would be best suited for me in their opinion and have chosen to either accept it or deny it at my own risk.

———— I agree that the Trial fee will be paid in full to LPFR when I pick up the horse. I understand that this is a NON-Refundable Trial fee even if the horse is returned to LPFR at any point before the trial time is over.

———— 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 keep the horse longer then our agreed upon date of return, LPFR will charge me an additional $50.00 a day to go towards my adoption fee of the horse and/or to cover the inability of LPFR to show the horse to potential adopters.

———— 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.

———— I agree that 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 and to notify LPFR if anything happens while the horse is under my supervision. I understand as rescue horses some horses may require special farrier care and agree to notify LPFR if I am unable 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 if the horse is on a longer trial period 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 Rider within a timely fashion.

———— I agree that this is a NON-Profit organization and my trial fee goes towards the care that LPFR has already provided the horse I am trying as well as covering return medical costs. Under no circumstances is my trial fee refundable. If LPFR has to repossess their horse for any reason or if I bring the horse back early to them my trial fee is not going to be refunded back.

———— I agree that the condition the horse starts its trial with me is the same condition I will bring the horse back in. If for some reason the horse is returned injured/lame/deceased to the rescue I will match the rescue in covering major medical bills minus my trial fee.

Rider Signed: _____Date:_____

Board Member Signed: _____Date:_____