



Equine Adoption Agreement

This agreement made this _____ day of _____, 200__ by and between _____
_____ (hereinafter called "Adoption Caregiver"), and The Humane
Society of Garland County, Inc./Garland County Animal Welfare (hereinafter called "HSGC").

Equine's Name: _____ Case Name or Number: _____

Breed: _____ Gender: _____ Altered: _____

Description (color, markings, tattoos, scars.): _____

Please initial after each paragraph acknowledging the understanding and acceptance of the paragraph.

1. The Adoption Caregiver hereby accepts from the custody of the HSGC a certain animal(s) described above and Foster Caregiver agrees to humanely take care of said animal; providing shelter from the elements (rain, snow, sun, etc..) and keeping fresh water accessible at all times (at will- free will basis) to said animal along with a sufficient amount of wholesome food (grain or pellet feed) to be fed at least every twelve (12) hours. This food (grain or pellet feed) does not include pasture grazing or hay which should be accessible at all times (at will- free will basis). _____

2. The Adoption Caregiver agrees to allow an officer of the HSGC to inspect the premises where the animal(s) will be or are currently being kept at any time to ascertain that the animal is well cared for and has the appropriate containment area(s) for said animal(s). Under normal circumstances, the HSGC will give prior notification of its intent to inspect, but reserves the right to make unannounced visits as it deems necessary. _____

3. The HSGC does not pay for: feed or hay for adopted equine, supplements, or ordinary care expenses.. _____

4. Adoption Caregivers may now, under any circumstances, claim ownership of any equine upon signing this document and gaining legal custody of the horse/horses.. This includes putting your own name in the 'name of owner' section of a Coggins test or any other documents or accepting a receipt in your name only, not showing the HSGC's name anywhere on the receipt. The Adoption Caregiver's name may appear on the receipt; however, the HSGC is legally binding ownership to adoption caregiver upon all signa-

ture completed on this form and appear as sole owner/legal custodian. _____

5. Adoption Caregivers will notify the HSGC or its designee in the event any change occurs in the address or telephone numbers listed below. _____

6. Adoption Caregivers will not breed or have bred any adopted equine. _____

7. No adopted equine may be raced or used for any commercial purpose. _____

Signature of Adoption Caregiver (s): _____ **Date:** _____

Date adoption began, if different than above: _____

Address/Location of adopter facility: _____

City: _____ **County:** _____ **Directions if no physical address to facility:** _____

If the adopter fails to comply with any of the conditions or stipulations set here, Humane Society of Garland County, Inc., reserves the right to regain possession of the horse/horses. The adopter agrees to permit a representative of Humane Society of Garland County Inc, to visit the property location, horse/horses with no prior notice. The adopter also agrees to allow Humane Society of Garland County, Inc. to return a horse/horses to the program IF the well being of the horse/horses is determined by the Board of Directors of the Humane Society of Garland County, Inc. or there representative with approval to be threatened.

By signing below, I certify that I have read and accept the terms, conditions, and stipulations that pertain to the adoption and placement of horse/horses from Humane Society of Garland County, Inc. I understand that these terms, conditions and stipulations apply to the horse/horses that will be listed on this form at the time of placement. A copy of this agreement will be sent to you after the complete process of the adoption has taken place.

Signed this _____ **Day of** _____ **2005.**

Applicants Name _____

Applicants Signature _____ **SS#** _____ / _____ / _____

Board of Director (1)-Signature _____

Board of Director (2) Signature _____