FREEDOM REIGNS RANCH

Adoptee Name: _____

Animal Name: _____
Species: _____***Breed:*** _____
Approximate Age: _____ ***(Circle) verified? YES NO***
Physical Markings: _____
Important notes about horse (behavioral, physical): _____
_____
_____
_____
_____
_____
_____
_____
Date of last dental: _____
Date of last farrier visit: _____
Date of last worming and type: _____
Feed type, amount and frequency: _____
_____
Medication and supplement needs: _____
_____

The parties hereto agree that the owners shall abide by the following conditions:

1. _____, Hereinafter referred to as the animal, is being transferred to the adopting owner with the understanding that the adopter is taking possession equine and responsible for equine's care and wellbeing from this day forward, _____.

2. The animal will be treated as a family member with loving care and affection. I will do my best to ensure the animal's safety and well-being.

3. I/we will feed the animal at least once a day and will provide a fresh supply of water at all times. Additionally, I will feed animal to maintain a BCS of 4-6. Under no circumstances will I allow animal's BCS to be below 4 or above 6. I understand that I should make every attempt to keep horse at a BCS 5 (no ribs should be visible at rest, no hips should ever be visible).

4. The animal will live in enclosure suitable for equines with safe fencing and will not isolated from other equines unless illness or injury. I will never let my animal run loose or roam. I will never allow any physical, mental, or emotional abuse of the animal.

5. I will take the animal to a licensed veterinarian when shots are due (next due date: _____) but in no event later than one year from the last vet visit. I will provide all required and/or needed veterinary care, including: vaccinations, treatment for worms/ parasites; skin/coat conditions, farrier care and give prompt treatment by a licensed

veterinarian for any illness or injury. I will vaccinate annually for tetanus, rabies, EW-Nile, Equine Influenza/Rhino, Eastern/Western Equine Encephalitis, and Strangles. I understand it is recommended that I also vaccinate for Botulism and that this horse has received his initial Botulism set and ongoing annual boosters.

6. I agree to have my vet an annual veterinary report to Freedom Reigns Ranch containing the following:
   A. Animal's name, Date of examination, and attending veterinarian
   B. Animal's current weight and condition including any notations of injury, illness, muscle wasting, excess fat, and coat health.
   C. Two photos: one view of animal from the side and one of toppling

7. I/we affirm that no member of my household has been convicted of an animal welfare law violation such as neglect, cruelty, abandonment, etc. in any jurisdiction. Additionally, I/we affirm that we have not been convicted for any violent crime, crimes against children, or any crime involving the wellbeing and wellfare of a person or animal.

8. I will ensure proper travel documentation for transportation.

9. I am adopting the animal for myself, and I agree not to give away, sell, or trade my animal, even as a gift to a friend or family member. I will neither take the animal to a shelter nor abandon the animal. I understand that I must notify Freedom Reigns Ranch, without delay (within 1 hour of decision), if I can no longer care for or keep my animal and agree to give Freedom Reigns Ranch reasonable time to rehome my animal or place my animal in an approved foster home, if possible (reasonable time is considered to be 1 calendar week, but additional time is preferred). I must notify Freedom Reigns Ranch of any behavioral problems that have occurred at any time before I return my animal, and I agree to pay for a professional trainer's evaluation fee of $200 in cases of neurological condition, lameness, or aggression if determined necessary. I understand that Freedom Reigns Ranch does not guarantee that they will accept my animal back and I may be responsible for rehoming if Freedom Reigns Ranch declines right of first refusal.

10. I agree to accept responsibility and ownership of the animal at my own risk, and I release Freedom Reigns Ranch and its agents from any and all liability arising out of possession and ownership of my animal. I agree that I am assuming total financial responsibility for my pet as of the date of this contract. Freedom Reigns Ranch and its agents will not be held responsible for any damages or expenses (veterinary or other) incurred during my ownership of the animal.

11. In the event the animal becomes lost or dies, I will immediately (within 1 hour) notify Freedom Reigns Ranch. I will also immediately notify Freedom Reigns Ranch of any change of contact information (address, phone number, or email address).

12. This animal's known background and medical history have been discussed with me. I understand that Freedom Reigns Ranch has made no representation concerning the health, condition, training, behavior, or temperament of the animal.

13. I agree to permit Freedom Reigns Ranch to make inquiries about and enforce any of the above conditions and requirements at any time after adoption. This can include visits to my home and contact with my veterinarian. I UNDERSTAND THAT FAILURE TO COMPLY WITH ANY OF THE ABOVE PROVISIONS WILL RESULT IN THE FORFEITURE OF THE ANIMAL TO FREEDOM REIGNS RANCH.

14. I understand that Freedom Reigns Ranch is not liable for any damage, accident, injury, or death, resulting from the actions of an Adopted Equine placed with the adopter.

I understand that by voluntarily signing this agreement, I am entering into a legal and binding contract with Freedom Reigns Ranch. Breach of any term(s) of this agreement is deemed actionable by Freedom Reigns Ranch. In the event there is a violation of the agreement, I agree to pay a minimum of $10,000.00 in damages. Additionally, in order to facilitate the collection of damages for breach of contract, I waive any challenge to venue and agree that the appropriate venue for this matter is the state of Tennessee, and the County of Maury. Furthermore, I agree to accept service of process by certified mail, return receipt requested, to the address provided in this adoption contract, and specifically waive any right to receive personal service.

Adoption Fee: $_____. Amount paid today: $_____ Method: _____

Adoptee Name: _____ Date: _____

Adoptee Signature: _____

Director Signature: _____

Director Name: _____ Date: _____

Witness Signature: _____

Witness Name: _____ Date: _____