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| **“FETRP”** | **“Owner”** |
| Fiordland Equestrian Thoroughbred Rehabilitation Program | Name:\* |
| *A nonprofit and 501(c)(3) charity organization* | Street Address:\* |
| 531 Sycamore Ave, Croydon, PA 19021 | City, State, Zip:\* |
| Phone: (732) 822-3367 | Phone:\* |
| Autumn.FETRP@gmail.com | Email:\* |
| **“Horse”** | **“Trainer”** |
| Registered Name:\* | Name: \* |
| Sex:\* | Street Address: \* |
| Birth Year: \* | City, State, Zip: \* |
| JC Registration #:\* | Phone: \* |
| Microchip#:\* | Email: \* |
| Current Location: \* |  |
| Street Address: \* |  |
| City, State, Zip: \* | Requested Horse Donation Amount: \* |

Brief Summary of why horse is being retired: \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Past Injuries:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Concerns/Needs/Comments/Warnings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Cribber? Yes / No Last Deworming:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Float: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Required Documents:

1. Current Negative Coggins
2. Current Health Certificate
3. Registration Papers
4. All Diagnostics/records/x-rays (can be emailed to autumn.fetrp@gmail.com)

**Please indicate if you are able to sponsor the horse with a tax-deductible donation to FETRP (the average cost to rehabilitate and rehome a horse through our program is $3,500-$5,000 depending on the length of rehab. The average length of stay is 5-6 months.):**

* Yes, I can contribute $\_\_\_\_\_\_\_\_\_\_\_ per month until the horse is adopted out of the FETRP program.
* Yes, I can contribute a one-time donation of $\_\_\_\_\_\_\_\_\_\_\_\_.
* No, I cannot make a financial contribution at this time.

**NOTE: Having an injury that requires extensive rehab does not disqualify a horse for our program at this time, however, veterinary records must be sent to us for our review prior to acceptance. Transfer of HISA ownership and Jockey Club registration papers is required if accepted.**

I understand the horse is subject to FETRP’s review and approval of this application. If this application is accepted, I understand and agree to the following: By delivery of the Horse FETRP, I transfer complete ownership of the Horse to FETRP, which includes the care, custody and control of the animal, and the right to transfer ownership/registration to New Vocations or to a person or organization adopting the Horse. FETRP shall have sole and full discretion on the care and disposition of the horse, to include making decisions on veterinary treatment or procedures; adoption of the horse to persons or organizations deemed suitable by FETRP’s determines suitable; or euthanasia. FETRP shall not be responsible for any fees, including boarding fees. FETRP will not pay any fees to past providers, and Owner will indemnify and hold FETRP harmless from any claim arising or lien asserted from such past care of the Horse. Liability and risk of loss remains with Owner until FETRP is in actual possession of the Horse. After acceptance of the delivery of the Horse, FETRP will provide a receipt acknowledging possession of the animal to the listed owner. FETRP is not able to provide an opinion on value, therefore Owner should arrange for the valuation of the animal prior to delivery, if a tax deduction is desired.

All matters arising from the horse entering FETRP will be construed under the laws of the State of Pennsylvania, and any action by either property shall be brought in a court of competent jurisdiction in Bucks County, Croydon. This Agreement contains the entire agreement of the parties and there are no promises, agreements, representations or warranties other than those contained herein or expressly incorporated by reference. This Agreement may be executed in counterparts by email or electronic signatures, which counterparts shall be fully enforceable as a single original document.

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Printed Name of Owner Signature Date

**Authorized FETRP Personnel Only.**

Date Accepted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Documents:

* Current Negative Coggins
* Current Health Certificate
* Registration Papers
* All Diagnostics/records/xrays
* Transferred as “Sold as Retired From Racing” form

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Printed Name of FETRP Representative Signature Date