

Animal Protection Coalition, Inc.

Equine Adoption Agreement

I, _____ of _____ on this _____ day of _____, in the year of _____ hereby agree to adopt the equine known as _____, being of _____ stock or breed and approximately _____ years of age, and as consideration for such adoption, I have paid an adoption donation to **Animal Protection Coalition, Inc.** and have agreed to abide by the terms and conditions of this agreement.

I hereby acknowledge my willingness to accept all of the rights and responsibilities of animal ownership. I covenant that I have and shall maintain safe and adequate facilities in which to care for and exercise this animal in a proper, humane, and ethical manner. I accept the right of the agent for **Animal Protection Coalition, Inc.** to contact my recommended Veterinarian, _____ and any additional caregiver as part of the implementation of this agreement.

I further covenant and agree that if for any reason I can **NO LONGER** care for this animal and or wish to dispose of it, I shall provide **Animal Protection Coalition, Inc.** with written notice of my wishes, and **Animal Protection Coalition, Inc.** shall have the option within ten days of the receipt of my notice, to have the animal returned to it at no cost to **Animal Protection Coalition, Inc.**. In the event **Animal Protection Coalition, Inc.** decides to exercise its option to have the animal returned to it, they are entitled to retain the adoption donation, if any. Furthermore, any right, title, or interest that I may have in such animal shall terminate at this time. In addition, I agree that **Animal Protection Coalition, Inc.** shall maintain the option of reclaiming the animal at any time that they find the animal is being treated or used in a manner found to be inappropriate by the **Board of Directors of Animal Protection Coalition, Inc.**

As additional consideration for my adoption of said animal, I hereby remise, release and forever quit claim unto assigns, any and all actions and manner of actions, causes of actions, debts, dues, claims and demands against **Animal Protection Coalition, Inc.** or its agents or employees, arising out of, or in any way relating to any actions or behaviors of my animal, whether or not occurring as a result of or omission of **Animal Protection Coalition, Inc.** or its agents or employees actions in treating or delivering said animal. Additionally, I hereby consent and agree to release **Animal Protection Coalition, Inc.** of any liability arising from the delivery of aforementioned animal from the date of this agreement.

I/We hereby agree to pay all necessary and reasonable cost incurred by **Animal Protection Coalition, Inc.** in recovering the possession of the adopted animal, including all costs and attorney fees necessary to enforce **Animal Protection Coalition Inc.'s** rights under this agreement.

Adopter's Name (Printed)	Phone Number
Address	City / State / Zipcode
Signature	Date

APC Representative	
Signature	Date

* Periodic inspections and evaluations will be made at random. _____ Adopter's Initials

*******MEDICAL CONDITION ALERT*******

Animal's Name / ID	
The adopted animal has the following known medical condition(s):	
<p>SAMPLE SAMPLE</p>	
<p>This/These medical conditions need immediate attention from a qualified professional.</p> <p>Verification of appropriate treatment may be requested by Animal Protection Coalition. Compliance with this request is mandatory.</p>	
APC Representative	Date
Adopter	Date

*******FEED RECOMMENDATION*******

Animal's Name / ID	
APC recommends the following feed regiment:	
<p>SAMPLE SAMPLE</p>	
These are the current feed recommendations.	
<p>SAMPLE SAMPLE</p>	
APC Representative	Date
Adopter	Date

Individual Animal Record

Animal's Name / ID	
Breed	Species
Gender	Age / Date of Birth
Height	Weight
Color / Markings	

Vaccination History

Vaccination Type	Date of Last Booster	Vaccination Type	Date of Last Booster
Eastern & Western Encephalomyelitis		Strangles	
Influenza		Rabies	
Rhinopneumonitis		Potomac Horse Fever	
Tetanus		()	
West Niles		()	

Deworming History

Date	Product	Dosage

Medical History & Condition Alert

Date	Symptoms	Diagnosis	Current Treatment

APC Representative	Date
Adopter	Date