

## HORSE OWNERSHIP TRANSFER CONTRACT

High Hopes Therapeutic Riding, Inc. hereby donates and transfers ownership of the horse:

Name TO:	Height	Color	Breed	Gender
High Hopes Therapeution owner of this horse. The horse is free and clause the intention to keep the horse. Any individual agreement and any times slaughter or allow the possession of any persent auction for slaughte owner is unable to provide returned to High Ho address of the facility version of the second s	ear of any encumbrance horse as a companion or organization in poste thereafter is bound to equine to be sold, transon or organization that. When the horse is not vide sufficient care, High pes' facility. High Hop	esa animal and seession of the seession of the sees of the sees are the sees must be not seed to see sees sees seed to see sees sees seed to see sees sees seed to see sees sees seed to see sees sees seed to see sees seed to see sees seed to see sees sees sees sees sees sees se	does not intend to he equine as of the e equine at auction eased, or otherwise or allow the equi- ful to the new own to be notified and a potified when the p	the date of the con for se placed into ne to be sold ther, or new the horse is to
High Hopes reserves the the intention of confirm. These visits will likely ownership is transferred. Hopes feels the visits of horse if it is determined horse care. Breeding of (including examination control) will be require	ning that care is sufficient occur on a monthly based and then every six monthly be an be discontinued. High that owner is not adhered is prohibited. Expression of the by a licensed veterinary occurs.	ent and that he sis for the fir on the thereaf gh Hopes resering to High vidence of an ian, vaccina	norse is in good co est three months af- iter until a time that erves the right to a Hopes' Code of I nnual veterinary c tions, dental care	ondition.  Iter  at High  reclaim said  Ethics for  are  and parasite
I, the undersigned, underses. I will not hold volunteers, in any way persons, animals, equip	High Hopes Therapeut responsible for any los	ic Riding, In s, accident o	c., its directors, st r injury which ma	aff or
Equine Operations Dire	ector	New Own	ner Signature	
Executive Director		Date		