HOPE MEADOWS FOUNDATION

RE-HOMING AGREEMENT

(Adoption Contract / Bill of Sale)

This Re-homing Agreement ("Agreement") is entered into as of the ___ day of _____, 20__, by and between:

Hope Meadows Foundation ('HMF' or 'the Organization')

and

Adopter's Full Legal Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ **Email:** _____

Equine Information:

Horse's Registered Name: _____

Barn Name (if different): _____

Breed: _____ Color/Markings: _____

Gender: _____ Age/DOB: _____

Microchip/Tattoo/Brand (if any): _____

1. PURPOSE

This Agreement is intended to ensure that the equine's welfare, safety, and humane treatment remain paramount for the remainder of its life, and that the equine is never placed in circumstances that would endanger its health, dignity, or safety, including slaughter, neglect, or abusive care.

2. TYPE OF TRANSFER

■ Full Ownership Transfer

■ Custody Transfer Only

3. ADOPTION FEE

The agreed adoption fee is $_____, paid in full at the signing of this Agreement.

4. CORE CONDITIONS OF RE-HOMING

• No Slaughter/Auction: The equine shall never be sold at auction for slaughter or placed with any person or entity that would cause or allow such action.

• No Breeding: The equine shall not be bred under any circumstances.

• Right of First Refusal: If the Adopter cannot keep the equine, HMF has the first right of refusal to reclaim the horse before any transfer occurs.

• HMF Approval of New Home: Adopter must provide the full name, address, and phone number of the proposed new custodian/owner, and HMF must approve in writing prior to transfer.

• Return to HMF: If the Adopter breaches this Agreement, or can no longer care for the equine, the horse must be returned to HMF.

• No Unauthorized Transfer: The equine may not be sold, given away, leased, adopted, or transferred without written HMF approval.

• Binding Terms: These terms remain binding on all future custodians/owners.

5. CARE STANDARDS

• Provide daily access to clean water, appropriate feed, and shelter

• Provide routine veterinary care, vaccinations, and deworming

• Provide regular farrier care (minimum every 6–8 weeks unless otherwise prescribed)

• Maintain safe fencing and facilities

• Provide daily turnout or exercise

• Keep the equine with at least one other equine companion

6. ELIGIBILITY AND PRE-ADOPTION REQUIREMENTS

• Adopters must have prior equine ownership experience; first-time horse owners are not eligible.

• The equine will only be re-homed to a location where another equine resides.

• The Adopter has visited HMF, been observed interacting with the equine, and passed a compatibility assessment.

• HMF has conducted a site visit of the Adopter's facility before approving this adoption.

• Distance from HMF's facility has been considered in the approval decision.

• References from veterinarian, farrier, and personal contact have been provided and verified.

7. FOLLOW-UP AND MONITORING

• HMF may conduct scheduled and/or unannounced visits to ensure the equine's well-being.

• The Adopter must provide updates (photos, veterinary records, farrier records) for as long as the Adopter is responsible for the equine.

• If HMF determines that care standards are not being met, HMF may reclaim the equine immediately without refund.

8. TRANSPORT

The Adopter is responsible for safe and humane transport of the equine from HMF's facility to the new home using an experienced and reputable transporter.

9. RETIREMENT AND END-OF-LIFE DECISIONS

If the equine becomes unmanageable or is suffering from untreatable illness/injury, euthanasia may be considered only with the recommendation of a licensed veterinarian.

10. INDEMNIFICATION AND LIABILITY

The Adopter assumes all risks and responsibilities associated with the equine from the date of transfer and agrees to release, indemnify, and hold harmless HMF, its officers, directors, employees, and volunteers from any claims, damages, or liability arising from the equine after transfer.

11. ENTIRE AGREEMENT

This Agreement constitutes the entire understanding between the parties. No modifications are valid unless in writing and signed by both parties.

Hope Meadows Foundation Representative:

Name: _____

Title: _____

Signature: _____ Date: _____

Adopter:

Name: _____

Signature: _____ Date: _____