



Believe Equine Rescue & Rehabilitation Center, Inc.

140 Faulkner Lane
Roseboro, NC 28382

910.551.9467 | believe.equinerescue@gmail.com | www.believeequinerescue.com

ADOPTION | LONG TERM FOSTER AGREEMENT

Date: _____

Horse : _____

Caregiver(s): _____

are prohibited to sell, transfer, breed, slaughter or trade, the adoption/foster horse listed above in this agreement. If for any reason, the horse is not wanted or can no longer be cared for under the terms of this agreement, said horse must be returned to Believe Equine Rescue & Rehabilitation Center Inc.

If the horse becomes ill or injured and is suggested to be euthanized by a licensed veterinarian, The executive director or trained representative of Believe Equine Rescue & Rehabilitation Center, Inc. must be contacted immediately and will make decision based upon Believe Equine Rescue's euthanasia policy in collaboration with treating veterinarian. If the animal is suffering and a representative from Believe Equine Rescue cannot be reached in a sufficient amount of time, then the decision to euthanize will be decided by the veterinarian on call. Should euthanasia occur, a letter from veterinarian will be required with diagnosis, date, time and location euthanasia was performed. Remains of horse in this adoption/foster agreement shall be disposed of by named caregiver(s) according to NC state law. Requests to bury remains at Believe Equine Rescue & Rehabilitation Center, Inc., 140 Faulkner Lane, Roseboro, NC 28382 will be accepted upon approval.

The donation of \$_____ for the horse named in this agreement will be non-refundable; unless returned to Believe Equine Rescue & Rehabilitation Center, Inc. within 7 days of adoption.

Should the horse be returned to Believe Equine Rescue within 7 days of the adoption agreement, your donation will be returned minus a 10% administration fee via cash, money order, paypal or electronic transfer within 30 days of horse being returned in condition originally received.

Transport costs for a return horse will be the adopter's responsibility. Should Believe Equine Rescue need to provide safe transport, the cost will be collected from adopter. _____

If horse in adoption /foster agreement is returned and needs medical attention; cost of veterinary care will be collected from adopter. _____

Believe Equine Rescue & Rehabilitation Center, Inc. has permission to confiscate horse in adoption/foster agreement if neglected, abused or abandoned by caregiver(s) or associated caregiver(s) _____

Caregiver(s) will be responsible for the complete care of horse in this adoption/foster agreement; including all hay/grain and feed, farrier, veterinarian visits, medications, dental, bedding needs, etc. _____

Believe Equine Rescue & Rehabilitation Center, Inc. and affiliates will not be responsible for any injuries, illnesses or death that may result from the adoption of named equine in this agreement. _____

Signature/Date of Caregiver

Signature/Date of Caregiver

(Print Name)

(Print Name)



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ADOPTION | FOSTER APPLICATION

Name of Applicant

Address

Mobile

Work Phone

Email

Occupation

Drivers License or SS#

Who will be main caregiver?

How many days/wk will your horse
be ridden?

Have you owned horses before? If yes, please list breed and number of years owned.

Please describe your horse experience in detail.

In the past 5 years, have you sold, surrendered or experienced a death of a horse in your care?
If yes, please explain circumstances in detail below.

Stabling Information

Will the horse be stabled at home, boarding facility or leased property?

Please provide name of facility, address, phone and contact person where your horse will be stabled.

Will the horse have shelter? Please describe type of shelter, flooring and size of shelter provided

Size of turnout areas & type of fencing used to secure horse

Horse feed schedule. Include type of hay/grain that will be used

APPLICANT REFERENCES

Please list name and phone numbers of 2 personal references:

Farrier Contact Information

Veterinarian Contact Information

Believe Equine Rescue Representative: _____ Date: _____

Approved

Denied