



***WEST WIND STABLES
HORSE PLACEMENT AGREEMENT***

CURRENT OWNER'S NAME _____
ADDRESS _____
CITY _____ ZIP CODE _____ PHONE _____

DONATED/RESCUED ANIMAL DESCRIPTION

BREED _____ SEX _____
NAME _____ DOB _____ COLOR _____
DISTINGUISHING MARKS _____
MEDICAL HISTORY/NOTES _____

West Wind Stables hereby agrees that the above described animal is being accepted to this facility for the purpose of being rehabilitated with the goal of being placed as a pet for an adoptive family. West Wind Stables agrees that the horse will not be sold, given away or otherwise disposed of to any person(s), dealer, retailer, auction, institute or any other entity for any reason other than placement as an adopted pet. If at a later date we are unable or unwilling to keep this animal, we agree to first contact the above described current owner and give them the option to reclaim said pet.

We hereby agree to care for the above described pet in a humane and responsible manner and to provide it with clean and adequate shelter, food, water and veterinary care. We further agree that said pet shall reside at West Wind Stables, or at a suitable boarding or training facility until permanent adoption placement is made.

We hereby understand and agree that the current owner makes no representations or warranties, expressed or implied, about the above mentioned animal's temperament and is hereby absolved from any liability for future damages or injuries caused by said animal. We also understand and agree that the current owner further gives no guarantees, expressed or implied, of the suitability of the animal to the adopter and/or their family.

West Wind Stables asks that any information regarding the animals past medical, behavioral and treatment history be provided and is correct to the Owner's knowledge. Any additional information on the animal's temperament and medical care while at West Wind Stables will be relayed to the Adopter.

I certify that all statements made by me on this placement agreement are true and correct.

DONATER'S SIGNATURE DATE: _____

WITNESS SIGNATURE DATE: _____