



4768 Highway K-157
Junction City, KS 66441
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Rainbowmeadowsrescue@gmail.com
Rainbowmeadowsranch.com

RETIREMENT AGREEMENT

This Agreement is entered into on this ____ day of _____, _____, by and between Rainbow Meadows Equine Rescue and Retirement, Inc., (hereinafter referred to as “Rescue”) and _____ (hereinafter referred to as “Owner(s)”)”

This Agreement is made in reference to the following horse:

Details known about the above referenced horse:

Age: Gender: Color:

Identifying marks or scars: _____

Registration information (if applicable): _____

Health related information known about above referenced horse:

Eyes/Vision: _____

Teeth: _____

Feet/Legs: _____

Back: _____

Ears/Hearing: _____

Skin/Hair Coat: _____

Other health related issues: _____

Current feeding program:

Please note: Rainbow Meadows does not provide significant supplemental concentrated nutritional products to its residents unless they are a “special needs” horse. Horses are maintained on 24 x 7 prairie pasture or prairie hay unless otherwise unable to sustain a healthy weight.

Current hoof care program: _____

Please note: Rainbow Meadows is committed to the natural care of the equine hoof. This horse will be transitioned from any previous hoof care program to the Natural Barefoot Trim. We expect that the horse will remain barefoot at all times.

Behavior or personality information known about above referenced horse:

Please initial to indicate that you have read and understand each of the following items:

_____ Owner(s) confirms that the above referenced horse has been placed into a retirement program by request of the above listed owner(s).

_____ Owner(s) has transferred ownership and full responsibility for the health and welfare of the above listed horse to the Rescue. All decisions regarding daily care, routine well-care and first aid is the responsibility of the Rescue. It is understood that no heroic or major medical care will be administered regardless of the causation. When appropriate humane euthanasia will be elected for significant health related conditions which negatively reduce the quality or future quality of life for this horse.

_____ Owner(s) voluntarily agrees to provide monthly sponsorship of the horse in the amount of \$425.00 effective ____ - ____ - _____. Sponsorship will be received at the Rescue no later than the 1st day of each month the horse remains in retirement.

_____ Owner(s) understand that monthly sponsorship rates will increase as costs of care increase and Owner(s) agree to submit increases in sponsorship when notified by the Rescue.

_____ Owner(s) understands that the above referenced horse may be returned to the Owner(s) should sponsorship of the horse discontinue. Return will be at the sole expense of the Owner(s).

_____ Owner(s) agrees that visits to the Rescue to see the horse must be on an appointment- only basis. It is the Owners responsibility to coordinate visits at the convenience of the Rescue.

_____ Owner(s) understands that should any assistance be required from law enforcement or an attorney to enforce the content of this agreement, the Owner(s) will assume any and all costs of said action.

_____ Owner(s) understands that should there be any reason where Rainbow Meadows cannot continue to provide a safe retirement for the horse, Owner agrees to accept return ownership of the horse, and make other arrangements for care, OR allow Rainbow Meadows to arrange to transfer the horse to a preapproved and safe location for a continuation of the retirement agreement. Sponsorship will continue at the current rate at the time of transfer. If the new location is a 501©3 then the sponsorship remains a tax deductible consideration. If the new location is not a 501©3 then it is understood that the sponsorship is no longer tax deductible.

A signature below indicates acceptance and understanding of this Agreement in total and that any questions or concerns have been addressed prior to signing.

Owner(s):

I accept the terms and conditions of the Agreement.

Print Name

Signature

_____-_____-_____-

Date

I accept the terms and conditions of the Agreement.

Print Name

Signature

_____-_____-_____-

Date

I accept the terms and conditions of the Agreement.

Print Name

Signature

_____-_____-_____-

Date

Accepted by Rainbow Meadows Equine Rescue and Retirement, Inc.

Print Name

Signature

Date

Position:
