



## 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 any supplemental concentrated nutritional product to its residents unless they are a “special needs” horse. Horses are maintained on 24 x 7 prairie pasture or prairie hay unless otherwise able to sustain a healthy weight.

**Current hoof care program: Barefoot**

**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:**

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**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 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 \$325.00 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.

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

**Retirement approved by Rescue:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Date