

# JAMES RIVER HORSE FOUNDATION PLACEMENT AGREEMENT

Horse: \_\_\_\_\_ Adopter: \_\_\_\_\_ Date of Placement: \_\_\_\_/\_\_\_\_/\_\_\_\_

*The Recipient agrees to the following conditions and regulations:*

1. Named horse may only be transferred back to the James River Horse Foundation ("JRHF") or to another adopter who has been approved by the JRHF. Unless in the event of an emergency, thirty days notice must be given in order to allow JRHF time to properly prepare for the transfer.
2. **The horse may not be raced or bred.**
3. Should a life threatening situation arise, named horse may only be humanely euthanized by a licensed veterinarian. JRHF must be notified within 24 hours of the death of this horse.
4. Transportation arrangements and cost are the responsibility of the recipient at the time of placement and in the event of return or transfer. In addition, medical records and especially those records related to a medical condition or soundness issue must be delivered before or at the time of the horse's return.
5. Any horse being returned to a JRHF facility or to a new adoptive home will require a current negative Coggins, which is the responsibility of the current adoptive owner.
6. The adoption fee is non-refundable, as it is a donation, not a sales price.
7. If the recipient moves or changes the location of the horse, JRHF must be provided the new address or stabling information prior to said change.
8. **General Care Required:** 1) Named horse must maintain a healthy weight and condition for their age, as described by the Henneke Scoring System. 2) Said horse must have free access to fresh water at all times, as well as salt/mineral supplements. 3) At minimum, a two-sided shelter must be available at all times. 4) Adequate fencing and a companion animal must also be provided.
9. **Health Care Required:** 1) Yearly vaccinations are required. Eastern/Western Encephalitis, Flu/Rhino, Tetanus, Rabies, West Nile and any other inoculations your veterinarian recommends for endemic diseases are strongly recommended in the spring. 2) Teeth must be kept in good condition. Adopter is responsible for getting teeth checked and floated if necessary. 3) Said horse must be kept on a regular de-worming program. 4) Proper hoof care is required to be done as often as necessary to maintain sound hooves.
10. **Illness or Injury and Care:** The recipient agrees to provide recommended veterinary care for illness and/or injury according to the horse's needs and/or according to the requirements of the laws of the state where the horse resides.
11. The recipient agrees to forward to JRHF a veterinarian's brief statement of named horse's residence, general condition, weight, teeth and hoof condition at time of Spring inoculations or upon request (a brief health check form will be provided by the JRHF for this purpose once a year). **This form is to be returned no later than June 1 of each year following named horse's placement date.**
12. The recipient agrees in advance that the JRHF has the right to obtain all veterinary records directly from any veterinarian treating the horse and that execution of this form shall serve as a release to the applicable veterinarian authorizing the delivery to the JRHF of all veterinary records maintained.
13. The recipient states that the named horse will reside at: (Stable address) \_\_\_\_\_  
\_\_\_\_\_
14. Detailed description of said equine's physical condition and stable vices at time of placement: \_\_\_\_\_  
\_\_\_\_\_

15. If the recipient fails to comply with any of the conditions or regulations, the James River Horse Foundation reserves the right to regain possession of the named horse.
16. The recipient agrees to permit a representative of JRHF to visit the stabling property and the named horse and to return named horse to the program if JRHF feels the situation is undesirable for the well-being of the horse according to the standards explained herein.
17. The recipient also releases the James River Horse Foundation from any liability and agrees to hold harmless the James River Horse Foundation and any of its employees, agents, directors, or trustees from any and all liability related to the horse, and any injury or cause of action related to the horse. The James River Horse Foundation makes no representations or guarantees about the soundness, abilities, temperament or health of the horse from the time said horse is released to the adoptive recipients. Furthermore the recipient agrees to all conditions set forth in this agreement regarding the above aforementioned.

I, the undersigned, understand the intrinsic dangers of equine activities and agree to hold harmless and indemnify the James River Horse Foundation directors and staff from and against any and all claims, including from any injury that I may sustain while involved with this horse. I further understand that under the Virginia Equine Activity Liability Act (Code of Virginia Section 3.2-6200 et seq) equine professionals and location owners are not liable for any injury to or death of a participant in equine activities resulting from the inherent risks of equine activities.

I, \_\_\_\_\_ have read and accept the terms, conditions and above-stated regulations that pertain to my acceptance and placement of this horse.

**SIGNATURE:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Registered Name of Horse:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Tattoo #:** \_\_\_\_\_ **Color:** \_\_\_\_\_

I, \_\_\_\_\_, representing JRHF, hereby authorize this placement of the above-named horse.

**Date of Placement:** \_\_\_\_/\_\_\_\_/\_\_\_\_

This donation may be tax deductible by the adopter. The adopter should consult his/her independent tax advisor to determine deductibility.

\_\_\_\_\_  
(Name of adopter)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
(Phone number)

\_\_\_\_\_  
(Complete address)

\_\_\_\_\_  
(Email address)

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