



LAST CHANCE RANCH EQUINE RESCUE

9 Beck Road, Quakertown, PA 18951

215-538-2510

www.lastchanceranch.org

PLACEMENT AGREEMENT

OR OFFICE USE ONLY

Equine's LCR Name: _____ Age: _____ Color: _____ Sex: _____ Tattoo #: _____
Conditions, Limitations, General Health (as we see it): _____
Date of Placement _____

We, (BOD members) _____ & _____ hereby authorize this placement of the above named equine.

The parties agree to the following terms, conditions, and regulations of Last Chance Ranch Equine Rescue as set forth in the Agreement.

1. The parties to the Agreement are Last Chance Ranch Equine Rescue, 9 Beck Road, Quakertown, PA 18951 hereinafter referred to as LCR and NAME: (Print) _____ SS#/DL# _____ / _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ EMAIL: _____

hereinafter referred to as guardian or caregiver.

2. This agreement is for the placement of (Equine's LCR name): _____
~DOB _____ ~Age at time of placement: _____ Color: _____ Sex: _____ Tattoo #/Brand: _____
With the following Condition, Limitations, General Health, etc. (as LCR sees it): _____

3. The parties understand and agree that this Agreement is for placement and is NOT an Agreement of Sale for the subject horse. This is NOT an Adoption Agreement. The horse is being placed with the guardian on a temporary basis. Ownership of the horse and control of the horse shall remain with LCR. The above named equine always remains the property of Last Chance Ranch for the duration of its life.

4. The guardian is making a voluntary contribution to LCR in the amount of \$ _____. The parties agree and understand that this sum in no way represents consideration for the purchase of _____ (subject equine), as more fully said forth in clause (Paragraph 3) about.

The parties agree and understand that this is a temporary placement of subject equine, any determination of whether the guardian is complying with this agreement or is in breach of this agreement, will be within the discretion of LCR solely. LCR's determination will be final.

5. Guardians shall not have had any prior violations of LCR Placement requirements or prosecutions for inhumane treatment of animals. The caregiver also agrees to a limited background investigation including, but not limited to criminal, civil, inhumane violations, etc.

6. The equine may not be or attempted to be; subleased, raced, bred, sold, given away, assigned, disposed of, released, or any interest transferred. The above named equine may only be transferred back to LCR and may not be used for commercial purposes (unless approved by LCR with an attached signed Addendum). Should a life-threatening situation arise, a licensed veterinarian may only humanely euthanize named equine. In the event of the guardian's death the equine shall be promptly transferred to LCR. If the guardian breaches this agreement by breeding, selling, racing, subleasing, etc. they agree that they will be liable for damages equal to three times the gross amount of money, goods, services, or other consideration that they receive from the act of breeding, racing, selling, subleasing, etc.

7. The caregiver agrees that the above named equine will reside at:

Name _____
Address _____
City, State, Zip _____
Telephone _____ Email _____ Detailed directions to stable from major road:

_____.

The subject equine will not be moved without prior approval of LCR.

8. If the equine is to be boarded at any facility, the caregiver shall execute and deliver a Notice to Property Owner(s)/Stable Management letter signed and returned to LCR before placement and execute and deliver a waiver of any lien that may be placed on the equine for non-payment of board or any other purpose. If stabling is to be relocated, LCR must be informed two weeks in advance for prior approval. The caregiver agrees to permit a representative of LCR to inspect the stabling property and the care of the named equine at any time. The caregiver further agrees to comply with all requests for improvements generated by such an inspection. The caregiver agrees to return the named equine to LCR if the situation is determined not to be in the best interest of the equine for any reason or to the satisfaction of LCR.

9. Caregivers shall receive copies of most recent coggins test results; the available medical history including vaccinations and deworming, a general health report, a feeding/medication/special care instruction form, and copies of attached addendums. Equines placed by LCR include no guarantees pertaining to general condition, temperament, or soundness. A vet check is recommended within the first 10 days of the equines' arrival or the above conditions pertaining to the named equine will be held true for the equine and must be the same or bettered in the event of return.

10. Required Weight: the above named equine must maintain a safe body condition. No ribs or hips visible. Flesh and fat should cover the neck, shoulders, spine and rump. Upon receiving an equine in a condition and weight other than "fleshy", the recipient is required to improve the equine's weight and condition to LCR's satisfaction within a reasonable amount of time.

11. Required Care: Proper feeding to maintain weight as suggested on the feeding instruction form or by a licensed veterinarian with free access to fresh clean, unfrozen water. The caregiver shall provide adequate and safe shelter; minimum three sided, roofed shelter with adequate fencing and confinement such that the equine is prevented from running at large. Turn out must be at least one acre. Specific consideration shall be given, but not limited to, local climate and resulting conditions. Otherwise, the equine is subject to a breach of these requirements and will be removed from the care of the guardian.

12. Required Veterinary Care:

- Spring Inoculations - Eastern/Western Encephalitis, Tetanus, rabies, any other inoculations your vet recommends for endemic diseases.
- Annual Dental Care
- Fall Inoculations - Influenza, Rhino, any other inoculations recommended by your vet, and Dental (may be combined)
- Rotating, de-worming every 8 to 10 weeks. Hoof care every 6 to 8 weeks. The caregiver agrees to provide recommended veterinary care for illness and/or injury according to the equine's needs.

13. The caregiver agrees to forward a veterinarian's brief statement of named equine's residence, general condition, weight, teeth, and hoof condition at the time of the spring/fall inoculations to LCR or upon request and furnish LCR with current dated photos of the equine annually.

14. If the equine becomes sick or lame, it shall receive prompt and adequate medical care and treatment. If the caregiver cannot properly care for the equine, it must be returned immediately to LCR. Notification to LCR of a major injury or medical condition(s) is MANDATORY. Failure to provide LCR with photos and/or notification, as noted above, will be considered a breach of the Placement Agreement and LCR will remove the equine from the guardian's care. If euthanasia is required a licensed veterinarian must administer it. The following circumstances require notifying LCR within 24 hours:

- A. Death of the equine. A statement from a veterinarian stating apparent cause of death must be forwarded to LCR.
- B. Serious injury or illness that could be life threatening or soundness related.
- C.

15. The caregiver agrees in advance that LCR has the right to obtain any and all veterinary records directly from the attending veterinarian. The execution of this form shall serve as a release to the applicable veterinarian authorizing the delivery to LCR of said records.

16. Caregivers with little or no equine experience are required to take a minimum of three basic horsemanship classes prior to the equine(s) placement. Classes include basic care and riding lessons and may be obtained from LCR for a nominal fee or from an approved equine facility with written verification of completion. This requirement may be waived at the discretion of LCR based on demonstration of competency. The caregiver shall not allow the equine to be handled by abusive or unskilled persons.

17. Transportation arrangements and all costs incurred for equine care are the responsibility of the caregiver at the time of placement as well as in the event of return. Thirty days notice for return must be given to LCR in order to allow LCR time to properly prepare for the equine, unless this will result in detrimental effects on the equine. Any equine being returned to Last Chance Ranch and/or new placement home must have a current negative coggins and be up to date on all vaccinations, de-worming, hoof care, and dental care.

18. Placement donations must be paid in full at time of placement unless other arrangements have been made with the Board of Directors' approval and an attached addendum. Refunds of placement donations will be allowed only as follows:

- a) Within 30 days - full refund less \$100 handling fee.
- b) Within 60 days - 50% refund less \$100 handling fee.
- c) Within 6 months - credit toward alternate equine.
- d) In the event of the death of the equine refunds will follow the above ONLY if the custodial caregiver had a well veterinarian check performed within 10 days of placement.

Failure to meet the terms of this Agreement shall be considered a breach of contract and disqualify all refunds.

19. The caregiver agrees to hold harmless: LCR, it's volunteers, employees, etc. and former owner(s) of named equine for any damage or injury received by any person or property by named equine.

20. The parties agree that if the guardian breaches or fails to meet the terms of this agreement the guardian will be liable for damages including but not limited to attorney's fees and court costs and will result in immediate removal of named equine by LCR, disqualification from refunds, a penalty fee, etc., incurred in such action, in the commonwealth of PA, Bucks County.

21. The parties agree that the equine, which is the subject of the Agreement, is unique. If the guardian breaches, or fails to comply with, any provision of this Agreement, LCR may maintain an equity action to enforce any of the terms, conditions, regulations of this Agreement.

22. The parties agree that this Agreement represents the entire understanding of the Agreement of the parties. They further agree that this Agreement shall not be modified unless the modification is in writing and executed by all the parties to this Agreement. It is agreed that this Agreement shall bind and inure to the benefit herein executors, administrators, and assigns of the parties hereof.

23. This Agreement shall be construed according to the Law of the Commonwealth of Pennsylvania. By agreement, the situs hereof is Bucks County, PA.

We are only interested in finding good, loving homes for these wonderful animals that are, more often than not, unappreciated and misunderstood. Our strictness gives this charity the liberty to ensure each equine placed is well cared for. I have read and accept the terms, conditions, and above regulations that pertain to my acceptance of care of the above named equine.

_____(#) Addendums attached. _____ MEDICAL _____ TRAINING _____ OTHER *(Explain)*_____

NAME: *(Print)* _____ SS#/DL# _____

ADDRESS: _____

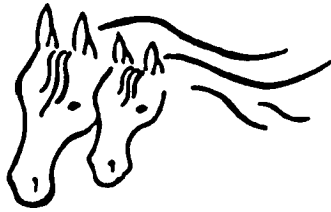
CITY/STATE/ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ EMAIL: _____

SIGNATURE: _____ DATE: _____
(Must be at least 18 years of age.)

WITNESS: _____ DATE: _____
(Must be at least 18 years of age.)

NOTARY: _____ DATE: _____



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PLACEMENT APPLICATION

* Failure to complete all questions completely will delay or deny your application. Please feel free to attach additional information about you and the kind of horse you are looking for to expedite your application.

Date: _____

Name of Applicant _____ Age _____

(Must be 18 years of age)

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Email _____

Place of Employment _____

Where did you hear about LCR? _____

APPLICATION PREFERENCE FOR EQUINE

Please fill out this section if want to be placed on waiting list for incoming available equines.

Gender: _____ Color/Breed: _____

Age of equine (please circle range): <1 2 4 7 10 12 15 20 25+ No preference

Size: 10-12 hh 12-14hh 14-16hh 16-17hh 17 + hh (usually Draft)

Training: Ride Drive Untrained No preference

Would you adopt an equine with physical limitations? _____ Y _____ N (Strictly companion, none or light riding only)

Name from current Available List: (if known) _____

Where did you hear about this horse? _____

1) Age(s) _____ Height(s) _____ Weight(s) _____ of who will be riding.

2) Describe in detail your level of riding experience:

3) Have you previously owned/cared for an equine? _____ If so, when? _____

Where is he/she now? And why? _____

4) What is your intended use of this equine: _____ Trails/Pleasure _____ Driving _____ Shows (list types below) _____ Handicapped Program _____ Youth Program (lessons) _____ Other/Explain in Detail:

5) On average, how many hours per week will this equine be ridden/driven? _____

Period of time each session: Walk _____ Trot _____ Canter _____

6) If you plan to use the help of a trainer or friend please provide their name _____ address _____ and telephone number _____

7) Please list any other animals you now own: _____

8) Will this equine be boarded on your property? _____ Y _____ N. If not, name, address, and phone of boarding facility _____

Directions: _____

- Name and phone of barn vet and farrier (if different than yours). Vet _____ Vet
 Phone: _____ Farrier: _____ Phone: _____
- 9) Describe the shelter the equine will have: _____
- 10) What type of fencing encloses the turn out area? _____
- 11) What size area is there for turnout? _____
- 12) How long will equine be turned out each day? _____
- 13) What type of hay do you use and in what amounts do you feed it? _____
- 14) How is your grain stored? _____
- 15) How is the water supplied to the equine? _____
- 16) How often will/do you deworm? _____ Using what products? _____
- 17) How often will/do you have your farrier trim? _____
- 18) How often will/do you have your equine's teeth floated? _____
- 19) How often will/do you vaccinate? _____ For what? _____
- 20) List signs of colic _____
 What measures would you take if this occurs? _____
- 21) How would you introduce an adopted equine to his new environment and pasture mates? _____

- 22) Describe the area/situation in which you would feed two or more equines turned out together: _____

- 23) If you feed two or more equines turned out together and one is losing weight, what must be the reasons?

- 24) What would indicate founder? _____
 What would you do? _____

- 25) For what reasons would you call a vet? _____

AVERAGE MONTHLY MAINTENANCE COSTS

FEED:	HOME \$100-\$200	BOARDING \$200-\$500
HOOF CARE:	\$20 - \$80	\$20 - \$80
WORMING:	\$8 - \$20	\$8 - \$20
VETERINARY:	Vaccines – Semi/or annual vaccines <i>required</i> @ \$75 - \$200/year	
	Dentistry - \$50 - \$150/year (Teeth <i>must</i> be floated yearly)	
	+ Misc. Emergencies, mishaps, ointments, tack, and supplies.	

Name of your horse vet: _____ Phone: _____
 Address: _____ How long have you used this vet? _____

Farrier: _____ Phone: _____ Email: _____
 Address: _____

Dentist: _____ Phone: _____ Email: _____
 Address: _____

Personal Reference: _____ Address: _____ Phone: _____

SIGN HERE: _____ DATE: _____

Include Non-Refundable Placement Application fee of \$5.00 to cover our processing costs.
 (We will ***NOT*** process without fee: Make Checks Payable to Last Chance Ranch)