



## THOROUGHBRED RETIREMENT FOUNDATION

Secretariat Center • 4089 Ironworks Parkway • Lexington, KY 40511

Phone 859-246-3080 • Fax 859-246-3082

Date: \_\_\_\_\_

Dear \_\_\_\_\_,

Thank you for inquiring about adopting a retired Thoroughbred racehorse. Please read and complete the Application, sign the Placement Agreement and return them to the Thoroughbred Retirement Foundation, Inc. (TRF) at the address below. We advise that you keep a copy of these documents for your future reference. Please include a check for \$15.00 to help defray postage and administrative expenses.

Included with this packet is a sample veterinary report form for you to keep for your reference. This is a mandatory vet check form that will be provide for your veterinarian to fill out at the beginning of each year. This is our way of insuring that each horse we place is healthy and happy.

Transporting the horse you adopt will be your responsibility.

We require an adoption fee/donation, the minimum being \$500.00. The amount of the adoption fee/donation is based on the amount of care and retraining time the TRF has invested in the horse prior to adoption and does vary with each individual horse.

The adoption fee/donation is non-refundable and will only be accepted in the form of a certified check, money order or cash.

Please be sure to read the Placement Agreement carefully. It is designed to protect the horse so the Foundation is assured of its proper care and location. Someone from the TRF may personally visit your stabling site as well. We require that you have stabling where other horses live or that you have a companion animal for the horse you are adopting. We hope each placement is a permanent one; however, if for some reason you are unable to continue to provide a home for your horse, we request thirty days notice to arrange for his care. Transportation back to an approved TRF facility will also be the responsibility of the returning party. It is required that all horses arrive at TRF facility with a current negative Coggins test.

The enclosed forms must be completed and returned before we begin to look for your horse. Please allow us the time needed to coordinate a proper match. The waiting time can be a month or much longer. We will only offer you a horse that fits your requirements. The number of horses available to us for adoption varies from time to time. So please be patient the right horse will come along.

We look forward to finding the horse you desire!

Very truly yours,

Adoption Coordinator  
Thoroughbred Retirement Foundation  
P.O. Box 3387  
Saratoga Springs, NY 12866  
Tel. 518-226-0028  
Fax 518-226-0699

**RETURN TO: Thoroughbred Retirement Foundation**  
**ATTN: Adoption Coordinator**  
**P.O. Box 3387**  
**Saratoga Springs, NY 12866**  
**Phone – 518-226-0028 Fax – 518-226-0699**

ADOPTION APPLICATION

NAME: _____	AGE: _____
ADDRESS: _____ _____	
SOCIAL SECURITY NUMBER: _____	
PHONE NUMBER:(HOME) _____	
(WORK) _____	
FAX: _____	E-MAIL: _____
DATE: _____	

Please answer the following questions completely. If more detail is needed, you may attach a separate piece of paper.

***APPLICANT PREFERENCE FOR HORSE:***

Gender:	Gelding	Mare	No Preference												
Age of Horse:	2	3	4	5	6	7	8	9	10	11	12	13	14	15+	No Preference
Color:	Bay		Chestnut		Gray/Roan			Black		No Preference					
Size:	15.2 hands or under				15.0- 15.3 hands				16.0+ hands		No Preference				

***APPLICANT RIDING EXPERIENCE:***

Please describe the riding experience of the applicant:

\_\_\_\_\_

Use of the horse:  trails/pleasure     shows     companion     handicap program     youth program

other/explain: \_\_\_\_\_

You must provide pictures of the shelter and turn-out area where you intend to board the horse. We would also appreciate pictures of any animals you own now. These pictures will be returned promptly if you include a self-addressed stamped envelope.

According to the law, you are responsible for providing the proper care and ongoing maintenance of the horse. This includes providing appropriate year round shelter, free access to water, proper feed, inoculations, dental care, hoof care and deworming. You are also responsible for providing veterinary care as necessary in the event of illness or accident as well as routine visits.

We would find it helpful to learn what you believe is the “ideal” horse for you. We welcome any additional comments and descriptions in the space provided or on a separate piece of paper.

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Thank you for your interest, and please stay in contact with us by phone or letter to ensure your continued interest until we are able to locate the ideal horse for you.

*Signature of applicant and person responsible for the horse’s care:*

*Applicant’s Signature:* \_\_\_\_\_

*Persons Responsible - Signatures:* \_\_\_\_\_ (Parents or Guardian if under 18 years of age)

PLEASE RETURN TO:  
**Thoroughbred Retirement Foundation**  
ATTN: ADOPTION COORDINATOR  
P.O. Box 3387  
Saratoga Springs, NY 12866  
Phone 518-226-0028 Fax 518-226-0699

Horse: _____	Adopter: _____
S.S.: _____	Date of Placement: ____/____/____

**PLACEMENT AGREEMENT**

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

1. Named horse may only be transferred back to the Thoroughbred Retirement Foundation (TRF).
2. The horse may not be raced, bred, sold, given away, assigned or disposed of, or have any interest in thereof transferred. (Deleted issue of using horse for commercial purposes)Should a life threatening situation arise, named horse may only be humanely euthanized by a licensed veterinarian.
3. Transportation arrangements and cost are the responsibility of the recipient at the time of placement and in the event of return or replacement.
4. Unless in the event of an emergency, thirty days notice must be given in order to allow TRF time to properly relocate the horse.
5. Any horse being returned to a TRF facility and /or new adoptive home will require a current negative Coggins, which is the responsibility of the current adoptive owner.
6. The recipient may only release the horse from his/her care to TRF.
7. The adoption fee is non-refundable.
8. If the recipient changes the location of the horse or changes the horse's veterinarian, TRF must be provided the new stabling information and the veterinarian information within five (5) days of said change.
9. **General Care Required:** 1) Named horse must maintain weight and condition as described by the Henneke Scoring System (see attached description) between Moderate (5) and Fleshy (7). This will vary depending on the level of exercise the horse is receiving. 2) Said horse must have free access to fresh water at all times as well as salt/mineral supplements. 3) At minimum, a three-sided shelter must be available at all times. 4) Adequate fencing and a companion animal must also be provided.
10. **Health Care Required:** 1) Yearly vaccinations are required. Eastern/Western Encephalitis, Rhino, Tetanus, Rabies, West Nile and any other inoculations your veterinarian recommends for endemic diseases are mandatory. 2) Dental Care is the responsibility of the said adopter. 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 deworming program. 4) Proper hoof care is required to be done as often as necessary to maintain sound hooves.
11. **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 \_\_\_\_\_ County ordinance and/or the laws of the State of \_\_\_\_\_.
12. The recipient agrees to forward 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 TRF for this purpose once a year). This form is to be returned no later than May 1 of each year proceeding named horse's placement date.
13. The recipient agrees in advance that the TRF 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 TRF of all veterinary records maintained.**
14. The following require notifying TRF within 24 hours: Death of the horse. (A statement from a veterinarian stating the apparent cause of death must be forwarded to TRF); serious injury or illness that could be life threatening.
15. The recipient agrees that the named horse will reside at: \_\_\_\_\_  
Stable address and directions: \_\_\_\_\_
16. Detailed description of said equine's physical condition and stable vices at time of placement:  
\_\_\_\_\_  
\_\_\_\_\_

TRF Representative

Adopter

17. If the recipient fails to comply with any of the conditions or regulations, the Thoroughbred Retirement Foundation reserves the right to regain possession of the named horse.
18. The recipient agrees to permit a representative of TRF to visit the stabling property and the named horse and to return named horse to the program if TRF feels the situation is undesirable for the well-being of the horse according to the standards explained herein.
19. **The recipient also releases the Thoroughbred Retirement Foundation from any liability and agrees to hold harmless the Thoroughbred Retirement 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 Thoroughbred Retirement Foundation makes no representations or guarantees about the soundness, abilities, temperament or health of the horse from the time the said horse is released to the adoptive recipients. Further more the recipient agrees to all conditions set forth in this agreement regarding the above aforementioned.**
20. I UNDERSTAND THAT THERE ARE MANY RISKS INVOLVED IN RIDING, PARTICIPATING AND/OR BEING AROUND HORSES. I UNDERSTAND THAT HORSES ARE UNPREDICTABLE BY NATURE AND IN THEIR BEHAVIOR AND CAN UNEXPECTEDLY BITE, KICK, BUCK, REAR UP, STRIKE OUT, RUN AWAY OR OVER ANYONE OR ANYTHING IN THEIR PATH. THEY HAVE ALSO BEEN KNOWN TO JUMP FORWARD, BACKWARDS, OR SIDE TO SIDE AND HAVE BEEN CAUSED INJURY TO THEMSELVES AND TO OTHERS, INCLUDING OTHER HORSES WHO MAY OR MAY NOT HAVE RIDERS. I ALSO UNDERSTAND THAT HORSES CAN DO ANY OF THESE THINGS AND OTHER THINGS NOT SPECIFICALLY MENTIONED WITHOUT APPARENT REASON AND WARNING. I ALSO UNDERSTAND THAT, DUE TO THEIR SIZE, THEY ARE POWERFUL AND INHERENTLY DANGEROUS.

***I FURTHER UNDERSTAND THAT ANYONE RIDING OR NEAR A HORSE IS AT RISK AT ALL TIMES AND CAN SUFFER BODILY INJURIES AND/OR PROPERTY DAMAGE. I ALSO AGREE THAT I WILL NOT HOLD THE THOROUGHBRED RETIREMENT FOUNDATION OR AGENT, EMPLOYEE, TRUSTIES, OR DIRECTORS RESPONSIBLE FOR ANY INJURIES OR DAMAGES IF I SHOULD BE INJURED OR HAVE DAMAGES RESULTING IN ANY WAY FROM THE ADOPTED EQUINE.***

***I, \_\_\_\_\_ have read and accept the terms, conditions and above-stated regulations that pertain to my acceptance and placement of. (Information below to be completed at time of placement):***

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

***Age:*** \_\_\_\_\_

Notary: \_\_\_\_\_

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

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

Sex: \_\_\_\_\_ Tattoo #: \_\_\_\_\_ Color: \_\_\_\_\_

I, \_\_\_\_\_ 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)***



# THOROUGHBRED RETIREMENT FOUNDATION

P.O. Box 3387  
Saratoga Springs, NY 12866  
Phone 518-226-0028  
Fax 518-226-0699

To be completed by adopter/foster applicant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

To be completed by equine professional reference:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

How long have you worked for or known the applicant? \_\_\_\_\_

If you have not previously worked with the applicant's animals, after speaking with the applicant do you agree to work with any equine he/she may adopt or foster from The Thoroughbred Retirement Foundation? Please explain your answer.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the work you have done for the applicant's animals?

\_\_\_\_\_  
\_\_\_\_\_

Describe your impression of the care and condition of the animals the applicant currently owns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you think the applicant would make a good foster or adoptive home for an equine from the Thoroughbred Retirement Foundation? Why or why not?

\_\_\_\_\_  
\_\_\_\_\_

Signature

---

Date

Thank you for taking the time to complete this form!



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P.O. Box 3387  
Saratoga Springs, NY 12866  
Phone 518-226-0028  
Fax 518-226-0699

To be completed by adopter/foster applicant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

To be completed by veterinarian reference:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

How long have you been treating the applicant's animals? \_\_\_\_\_

If you have not previously treated the applicant's animals, after speaking with the applicant do you agree to treat any equine he/she may adopt or foster from The Thoroughbred Retirement Foundation? Please explain your answer.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the applicant keep his/her animals current on their vaccinations and other health care?

\_\_\_\_\_  
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Describe your impression of the care and condition of the animals the applicant currently owns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you think the applicant would make a good foster or adoptive home for an equine from the Thoroughbred Retirement Foundation? Why or why not?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

---

Date



**Thoroughbred Retirement Foundation**  
**P.O. Box 3387**  
**Saratoga Springs, NY 12866**  
**Phone 518-226-0028**  
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*(Sample of Vet Check Letter and Form for your reference)*

Dear Veterinarian:

\_\_\_\_\_ adopted a horse from the Thoroughbred Retirement Foundation (TRF). We require information pertaining to the horse's condition from an attending veterinarian. Please note that we require that these diseases are vaccinated against at the appropriate time each year: E/W Encephalitis, Tetanus, Rabies, WNV and Rhino. Please advise your client if you feel there are other endemic diseases that precaution should be taken against.

The enclosed form should be fully completed and mailed (self-addressed envelope is enclosed) or faxed to the TRF's office at 859-246-3082. The Veterinary Follow-Up Form must be completed by a licensed veterinarian; we appreciate receiving this from you directly.

Thank you for your cooperation and comments.

Sincerely,

TRF Adoption Coordinator

# Thoroughbred Retirement Foundation Veterinary Follow -Up Form

## Section A to be filled out by ADOPTIVE OWNER (Please Print):

### Section A:

Horse's Jockey Club Name: _____	Tattoo#: _____
Name of Adoptive Owner: _____	
Telephone Number: _____	
Address of Stabling Site: _____	

## Sections B and C to be filled out by a VETERINARIAN ONLY:

### Section B:

Name of Veterinarian: _____	
State: _____	License Number: _____
Telephone Number: _____	
Business Address: _____	
Veterinarian's Signature: _____	

### Section C:

Date of Exam: _____	
Color and Markings of Examined Horse: _____	
Approximate Height: _____	Approximate Weight: _____
(Please Circle)	
1. Y N	Has named horse had all required vaccinations in the last year?
2. Y N	Is horse on a regular deworming program?
3. Y N	Is shelter/stable adequate?
4. Teeth: <input type="checkbox"/> recently floated	<input type="checkbox"/> adequate <input type="checkbox"/> need attention
5. Hooves: <input type="checkbox"/> recently floated	<input type="checkbox"/> adequate <input type="checkbox"/> need attention
6. Please Rate the condition of this horse according to the attached chart: _____	
Your comments are appreciated: _____	
_____	
_____	
_____	

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