OPEN ARMS THERAPY

Horse Agreement

Horse Information

Name _____

Breed _____

Sex (no stallions allowed) Mare Gelding (circle one)

Color/Markings _____

Age _____

History of use _____

This horse is being offered to Open Arms Therapy (OAT) as a: (circle one) Donation Lease

Terms and Conditions

1. All horses donated or leased shall enter a probationary period of _____ days.
2. Open Arms Therapy reserves the right to return donated or leased horse at any time during probationary period.
3. All horses donated or leased must provide documentation of current vaccinations (Influenza, Tetanus, Rhino, West Nile, Eastern and Western Equine Encephalomyelitis - required)
4. All horses donated or leased must provide documentation of a current negative coggins
5. All horses donated or leased must be examined, at the horse owner's expense, by a licensed veterinarian for use by a therapeutic riding program and documentation of all reccomendations, conditions, illness, unsoundness, or concerns should be provided by the licensed veterinarian to Open Arms Therapy prior to lease or donation.
6. All horses donated or leased should be adequately shod or trimmed and ready to begin work.
   ***** OAT reserves the right to request reimbursement for vet and farrier expenses in the case the horse is not current on vaccinations, coggins and/or hoof care and the horse does not meet the program requirements. Horse Owner understands and agrees to these terms. _____ *(initials)***
7. All horses donated to Open Arms Therapy (OAT) become the property of OAT.
8. Open Arms Therapy reserves all rights to sell, trade, breed, train, or ride donated horse.
9. All donated horses shall be accompanied by an OAT Bill of Sale.
10. All donated horses shall be accompanied by proof of ownership and clear title (no outstanding liens).
11. All donated horses with registration papers shall be accompanied by proper transfer document's from corresponding breed registry.
11. All horses leased to Open Arms Therapy shall be accompanied by a OAT Horse Lease Agreement.

Notify Owner in case of death YES NO

Notify Owner in case of retirement YES NO

Notify Owner in case of _____

If YES was selected for one or more reasons above; it is the responsibility of the horse owner designated on this document to notify OAT of any change in Contact Information.

Owner Signature: _____ Date: _____

Owner Contact Information:

Mailing Address: _____

Physical Address: _____

Home Phone: _____ Work: _____ Cell: _____

Email: _____

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OAT Observations and Considerations:

_____

_____

_____

_____

Probationary Review

Is horse approved? YES NO

If Yes - Date approved _____

If No - Date returned to owner _____

Board Member Signatures

_____ _____

_____ _____

_____ _____

_____ _____