



Equine Rescue and Rehabilitation Ranch, Inc.  
Triple R  
P.O. Box 494  
Tallahassee, FL 32302

**ADOPTION AND TRANSFER OF OWNERSHIP APPLICATION FORM**

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\*\*note- this agreement is for the protection of the horse.

YOUR INFORMATION:

Name First and Last: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone# \_\_\_\_\_

Cell Phone # \_\_\_\_\_

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

Employed by \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

REFERENCES:

1. \_\_\_\_\_

Telephone \_\_\_\_\_

2. \_\_\_\_\_

Telephone \_\_\_\_\_

3. \_\_\_\_\_

Telephone \_\_\_\_\_

Please circle.

I currently own a horse / burro.

I have / have not owned a horse / burro.

The equine veterinarian who will care for this animal is:

Address \_\_\_\_\_ Telephone \_\_\_\_\_

The type of Pasture, corral or stall which will be provided

is: \_\_\_\_\_ (size \_\_\_\_\_)



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The horse will be kept at this address: Boarding or Residence? (Circle one please).

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Telephone \_\_\_\_\_ Business hours \_\_\_\_\_

The daily feeding will be done by \_\_\_\_\_.

The boarding facility is \_\_\_\_\_ miles from my residence.

**DESCRIPTION OF HORSE TO BE ADOPTED:**

Be sure to list the horse's name and description here.

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**Price Worksheet:**

Transfer fee of horse \$ \_\_\_\_\_

Shipping fees if applicable \$ \_\_\_\_\_

Total Due \$ \_\_\_\_\_

**Waiver of Liability**

I, \_\_\_\_\_ (buyer), do hereby release Equine Rescue and Rehabilitation Ranch, Inc., its officers, directors, representatives, volunteers, agents, servants, and assigns (collectively "Releases") of and from any liability arising from care and handling of the horses offered for transfer of ownership. I further agree that Releases are not liable for the mistakes and/or negligence and/or intentional acts of service providers and/or contractors such as livestock haulers, veterinarians, or handlers who may at any time be in the care, custody and control of the horse I am adopting. I understand that I may pursue claims against such third parties for any damages caused by mistakes, negligence and/or intentional acts of such third parties during the time that my horse is in their care, custody and control.

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Signed

Date



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Agreement

Signing this application authorizes Equine Rescue and Rehabilitation Ranch, Inc. to contact the above listed references and inquire about your equine experience. If at any time, said horse suffers any form of abuse or neglect by Buyer, or any subsequent owner, and this can be confirmed by a Veterinarian, licensed Ferrier, or an Officer of the law, Equine Rescue and Rehabilitation Ranch, Inc. reserves the right to recover the horse promptly, and with no further notification. . It is further agreed that any subsequent owner will complete a copy of the within Application and Agreement, and the subsequent owner shall be bound by the terms thereof. Finally, the undersigned agrees that this animal will only be transferred privately and will not be resold at any type of auction, horse broker, feed lot or slaughter destination. In the event the undersigned fails to comply with the terms of this Application and Agreement Equine Rescue and Rehabilitation Ranch, Inc. reserves the right to commence legal proceedings to recover the horse, and the undersigned shall be liable for all costs, inclusive of attorney's fees, in connection with such legal proceeding.

This offer is accepted by:

Signed \_\_\_\_\_ Date \_\_\_\_\_

\*Buyer signature warrants that the buyer is at least 18 years of age at the time of signature.

Office Use Only

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Equine Rescue Authorized Representative

Horse name: \_\_\_\_\_

Approximate ship/pickup date: \_\_\_\_\_

(Equine Rescue and Rehabilitation Ranch, Inc., which is a charitable organization registered under S. 496.411(3), F.S. A copy of the official registration may be obtained from the Division of Consumer affairs by calling 1-800-435-7352 toll-free with the state. Registration does not imply endorsement, approval or recommendation by the state. Florida registration number - CH30141 Federal tax ID #26-4752406)