



2415 116th St. N.E.
Marysville, WA 98271
(425)263-6390

Foster/Adoption Agreement

Equine's Name: _____ Date _____

Breed _____ Sex _____ Age _____ Height _____

Person Fostering/Adopting Equine: _____

Address _____ City _____ Zip _____

Phone _____ Cell _____ Work _____

Address where equine will be living:

The above named person assumes caretaker responsibility for the aforementioned equine and shall agree to the following.

1. Acceptance of the responsibility for this equine's care and protection, which include food, water, shelter, hoof care, medical needs, worming, and any other need.

2. Acceptance of this role is 6 months for fostering and until the end of this equine's life when adopting. This includes the willingness to humanely euthanize the equine at home should it become necessary.

3. Agree that if for any reason you are not able to care for this equine or if you wish to sell, give away etc., he/she must be returned to the All Breed Rez-Q in reasonable health and be up-to-date on worming, shots and hoof care.

4. Be willing to allow All Breed Rez-Q to check in from time to time, on this equine with the appropriate notification.

5. Notify All Breed Rez-Q of if this equines living location changes.

6. Special circumstance;

Signature of person fostering/adopting equine

Date

All Breed Rez-Q representative

Date