



Florida Thoroughbred Retirement & Adoption Care Program - 501c3

2740 SW Martin Downs Blvd., Suite 110, Palm City, Florida 34990
Phone: 772-485-3799 | Fax: 772-220-0603 | Email: barbi@fltrac.org
Website: www.fltrac.org

Adoption Application

Personal Information	
Name(s)	
Home Address	
Phone (Home)	
Phone (Cell)	
Email Address	
Employed By	
Title	
Work Address	
Driver's License Number	
State	
Date of Birth	
No horse will be adopted out to any person under the age of 21 years unless the application is co-signed by an adult parent or guardian.	

References	
Three references are required.	
Name	Phone
1.	
2.	
3.	

Health and Care Information

Please write on the bottom of page three if there is not enough room to reply to the questions below.

Provide the address of where the horse will be stabled.	
Provide name and contact number for the owner of the facility where the horse will be stabled.	
Provide name, phone number, and address of veterinarian you will use to monitor the health of this horse.	
What is your level of riding ability, i.e. beginner, intermediate, etc.? And how many years have you been riding?	
Are you confident in your ability as a rider to handle a retired thoroughbred?	
What type of riding are you looking to accomplish with the horse you adopt, i.e. show ring, polo, pleasure, etc.?	
Considering the rising costs of feed, board, veterinary care, training, farriers, etc., are you confident that you have the financial means to properly care for the horse?	
What is your monthly income?	
Will there be more than one person involved in the care of the horse? If so, please provide names, address, and phone numbers.	
Is there a specific horse you would like to adopt? If so, please list their name.	
Briefly explain why you wish to adopt this horse?	

PLEASE READ CAREFULLY BEFORE SIGNING

I will have a veterinarian examine the horse at a minimum of every six months or as needed. I will follow any recommendations the veterinarian feels are necessary. I will be solely responsible for all expenses for these examinations.

I agree that said animal shall reside in a sanitary living condition with shelter from the elements and will be provided with inoculations as recommended by Florida T.R.A.C.

I understand and agree that said animal may not be sold, given away, lent, traded, leased, sold for slaughter, removed from my personal supervision or moved from the address described herein without notifying Florida T.R.A.C. and receiving written approval from Florida T.R.A.C.

I agree that the horse will never be neglected or abused. Further I agree that a representative from Florida T.R.A.C. may inspect the horse on an as needed basis and with or without a prior appointment.

I agree and understand that neither Florida T.R.A.C. nor its employees or agents will be liable for any damages or injury caused to me or any third person by the animal once I receive delivery of it, including but not limited to damages or injuries caused by the fact that the animal does not behave or perform in the manner I expected.

Further, if any third person makes a claim against Florida T.R.A.C. or any of its employees or agents as a result of any conduct of the animal after I have taken possession of it, I agree to indemnify and hold Florida T.R.A.C., its employees and agents harmless from any such claim, including costs and attorney's fees resulting from such claim.

I will be responsible for returning the horse to Florida T.R.A.C. or I will pay all costs involved in its return by an authorized representative of Florida T.R.A.C. if I am unable to care for the animal, or if I am found in default of any of the conditions of this agreement.

All horses adopted through Florida T.R.A.C. have a strict no racing and no breeding policy. I agree to never race or breed said animal.

When adopting from Florida T.R.A.C. we require updates on the horse's condition. There may be unannounced visits or checks by the local animal agency as well as Florida T.R.A.C.

BY SIGNING THIS PAGE I AGREE TO ALL OF THE TERMS LISTED ABOVE

AGREEMENT ACCEPTED BY FLORIDA TRAC

REPRESENTATIVE NAME: _____ DATED: _____

REPRESENTATIVE SIGNATURE: _____

AGREEMENT ACCEPTED BY ADOPTER

ADOPTER NAME: _____ DATED: _____

ADOPTER SIGNATURE: _____