



Central Virginia Horse Rescue

389 Boydton Plank Road

Brodnax, VA 23920

434-774-6607

www.centralvahorserescue.com

rescue@centralvahorserescue.com

Horse: _____

Date: ___/___/___

Central Virginia Horse Rescue Application

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

Please read and complete this entire document carefully and mail it, to the address listed above. This application must be completed in full. Application can be emailed to rescue@centralvahorserescue.com

APPLICATION PROCESSING

All information and references submitted on this application will be reviewed by our staff and in signing it you are agreeing to the terms within.

This application is not to keep you from adopting the horse but to insure the safety of each horse. These horses have been at risk and it is CVHR's mission to see that they are provided with a safe and loving home.

YOUR INFORMATION:

Name First and Last:

Email address:

Telephone #:

Cell Phone #:

Address:

Employed by:

Title:

Address: _____ Telephone: _____

Please circle. I currently own ___ horses / ___ burros.

I have / have not owned a horse / burro.

The type of corral, pasture or stall which will be provided is:

_____ (size _____)

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

Telephone: _____ Business hours: _____

The daily feeding will be done by _____.



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The boarding facility is _____ miles from my residence.

What do you intend to use this horse for? _____

Please give a brief description of your experience with horses and what job you want a horse to do.

DESCRIPTION OF HORSE TO BE PURCHASED:

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

Name: _____ Gender: _____ Age: _____ Height: _____ Breed: _____

Color: _____ Markings/Brands (identifiable marks): _____

Any Special Needs: _____

Adoption Fee of \$ _____

REFERENCES: (We need 3 personal references who know you as a person and horse owner. Your vet and farrier should be different references. We cannot accept your vet or farrier as a personal reference. Married couples cannot be used as 2 references. And please make sure that you notify your references that we will be contacting them.)

1. Name: _____ Telephone: (____) _____ - _____

2. Name: _____ Telephone: (____) _____ - _____

3. Name: _____ Telephone: (____) _____ - _____

4. Farrier: _____ Telephone: (____) _____ - _____

The equine veterinarian who will care for this animal is:

Name: _____

Address: _____ Telephone: (____) _____ - _____



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Waiver of Liability

I, _____ (adopter), do hereby release CVHR, its officers, directors, representatives, volunteers, agents, servants, and assigns (collectively "Releasees") of and from any liability arising from representations, misrepresentations, care and handling of the horses offered for sale either via <http://www.centralvahorserescue.com> or any divisions thereof. While CVHR has evaluated these horses as to training and health, I understand that the background of these horses is unknown and issues may arise which were not apparent during their evaluation.

I further agree that Releasees 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.

Agreement

Signing this application authorizes CVHR to contact the above listed references and inquire about your equine experience.

Signed _____ Date _____

*Buyer signature warrants that they buyer is at least 18 years of age at the time of signature and acknowledges receipt of the Processing Terms and Conditions contained within this agreement.

Office Use Only

Approved: _____ Date: _____