



OKLAHOMA THOROUGHBRED RETIREMENT PROGRAM, LTD.

P.O. Box 96 Blanchard, OK 73010

phone-405-485-2207 fax-405-485-2729 website: otrp.info email-DBrook4000@aol.com

ADOPTION APPLICATION

NAME: _____ Date of Birth _____

ADDRESS: _____

Phone Number: (____) _____ home (____) _____ cell

(____) _____ work (____) _____ fax

Email address: _____

Preference for type of horse: Gelding _____ Mare _____ Either _____

Color: Bay _____ Dark bay or brown _____ Chestnut _____ Gray _____ Any _____

Size: 15.0h to 15.2h _____ 15.3h to 16h _____ Over 16h _____ Any _____

Riding Experience: Please describe your horse riding experience below:

Please describe below what disciplines you are interested in pursuing with your adoption horse:

OTRP Adoption Application

Page 2

Do you own the facilities where you would be stabling an adoption horse? _____

If so, how many acres? _____ What type of fencing and shelter does the property have? _____

Do you currently own other horses? _____ If so, how many?

If you would be boarding an adoption horse at a boarding facility, what is the name, address and telephone number of the facility?

Please provide address, phone number and email address for your equine veterinarian below:

PLEASE READ CAREFULLY. THE ADOPTER AGREES TO THE FOLLOWING OTRP ADOPTION POLICIES:

1. The adopted horse may only be transferred back to the Oklahoma Thoroughbred Retirement Program (OTRP).
2. The adopted horse may not be raced, bred, sold, given away, assigned or disposed of, or have any interest in thereof transferred. Registration papers **DO NOT** accompany the horse.
3. Transportation arrangements and costs are the responsibility of the adopter at the time of placement.
4. Unless in the event of an emergency, thirty days notice must be given to the OTRP in order to allow time to properly relocate the horse.
5. If an OTRP adoption horse is returned to the OTRP, a current coggins must accompany the horse.
6. The adopter may only release the horse from his/her care to the OTRP unless prior approval has been obtained from the OTRP.

7. The adoption fee is non-refundable after 30 days.

OTRP Adoption Application

Page 3

8. If the adopter changes the location of the horse or changes the horse's veterinarian, OTRP must be provided the new stabling information and the veterinarian information within five (5) days of said change.

9. General Care Requirements: 1) Adopted horse must maintain weight and condition as described by the Henneke Scoring System between Moderate (5) and Fleishy (7). This will vary depending on the level of exercise the horse is receiving. 2) Said horse must have free access to fresh water at all times as well as salt/mineral supplements. 3) At minimum, a three-sided shelter must be available at all times. 4) Adequate fencing and a companion animal must also be provided.

10. Health Care Requirements: 1) Yearly vaccinations are required to include Eastern/Western Encephalitis, Rhino, Tetanus, Rabies, West Nile and any other inoculations your veterinarian recommends for endemic diseases. 2) Dental Care is the responsibility of the adopter. Teeth must be kept in good condition. Adopter is responsible for getting teeth checked and floated if necessary. 3) Horse must be kept on a regular deworming program. 4) Proper hoof care is required to be done as often as necessary to maintain sound hooves.

11. Illness or Injury and Care: The adopter agrees to provide recommended veterinary care for illness and/or injury according to the horse's needs and/or according to the requirements of _____ County ordinance and/or the laws of the State of _____.

In addition, an OTRP representative may perform an on-site inspection of the facilities where the adopter intends to stable the horse. The adopter agrees to provide the OTRP with annual veterinarian reports (forms provided by the OTRP) pertaining to the care and health of adopted horse.

Thank you for your interest and completing the first step towards adopting your new Thoroughbred.

I, _____, have read and agree to the policies stated in this Adoption Application.

Applicant's signature: _____

Date: _____

Please return to:

OTRP
P.O. Box 96
Blanchard, OK 73010

Or fax completed form to 405-485-2729