



## TRIAL HORSE AGREEMENT

Sprout Therapeutic Riding and Education Center, Inc. agrees to take \_\_\_\_\_  
(Horse's Name)

a \_\_\_\_\_ on a trial basis to be screened for suitability in the program.  
(age, size, breed, sex )

Sprout Therapeutic Riding and Education Center, Inc. will provide necessary feed, supplements, shelter, turnout, and will contact owner regarding any health/behavioral matters. The owner agrees to supplement the monthly costs for this trial period at a rate of \$400/month for a period of 60 days (the owner will pay all routine farrier and veterinary bills during the trail period, and will provide all supplements and medications).

If the horse/pony is found to be suitable, Sprout Therapeutic Riding and Education Center, Inc will notify the owner to sign a final donation agreement, and the owner will receive a receipt for the assessed value of the horse.

Should the horse/pony be found unsuitable (due to reasons which may include, health, behavior, way of moving, interactions with horses and people, etc), Sprout Therapeutic Riding and Education Center, Inc will contact the owner as soon as possible (within 60 days) and return the horse/pony in good condition at a time agreed upon by Sprout Therapeutic Riding and Education Center, Inc and the owner/representative.

The horse/pony will be kept at 40685 John Mosby Highway, Aldie, VA 20105 for the duration of the trial period. In the event of a life-threatening emergency, Sprout should do the following if the owner cannot be reached:

\_\_\_\_\_  
\_\_\_\_\_

**Thank you for considering Sprout Therapeutic Riding and Education Center, Inc. for your horse's next home!**

Sprout Agent: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Owner: \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of owner or representative)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cellular (emergency): \_\_\_\_\_