



# A & A Horse Haven

EST - 2016

Owner: April Pearson

## Trial Period Contract:

This Agreement is made on this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

By and between \_\_\_\_\_, and April Pearson. In consideration of:  
Description of the Horse to be adopted

Name of Equine \_\_\_\_\_

Breed \_\_\_\_\_

Color \_\_\_\_\_

Age or approximated age \_\_\_\_\_

Sex \_\_\_\_\_

Both parties have agreed on a 7-day trial period for the above named horse. The trial period will begin on the day that the horse is picked up from the rescue. During this time the adopter may take the horse to their property or another agreed upon location. The adopter may not transport the horse out of state without first informing April Pearson. The adopter may have the horse checked by a vet and or farrier for soundness during this time at their own expense.

The adopter excepts full responsibility for the horse during the trial period. If the horse becomes injured or ill, they agree to pay for the vet bills associated with the injury or illness.

Adopter agrees to pay a \$ \_\_\_\_\_ at the time of pick-up. This money will be held in full for the 7-day trial period. The horse may be returned at any time during the 7-days if it is found to be not sound or if it is not a good fit with the adopter. A full refund or the



3810 McNeil Rd  
Boaz, KY 42027

PHONE (270) 564-7177

EMAIL Apdawn92981@yahoo.com

adoption fee will be given if the horse is returned by the end of the trial period. The rescue will not reimburse the adopter for any other money spent on the horse during this time.

Adopter represents that they have read and agree with all statements and agree to be bound by all conditions contained herein and signed by Adopter.

\_\_\_\_\_  
Signature of adopters or adopter

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Address & Phone Number

\_\_\_\_\_  
Address where equine will be kept if different from above

This contract is hereby accepted by April Pearson (owner):

Signature: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

Date: \_\_\_\_\_

Date of pick up \_\_\_\_\_



Boaz, KY 42027  
3810 McNeil Rd  
Boaz, KY 42027

PHONE (270) 564-7177  
FAX Enter fax  
EMAIL Enter email  
WEBSITE Enter website