



SECOND WIND ADOPTION PROGRAM

SWAP International Headquarters at Crossed Sabers Stable
Rt 2 Box 24A Jockey Camp Road, West Union, WV 26456
Office: 304-873-3532/1435, Fax: 304-873-3121, Stable: 304-873-3030
e-mail: secondwindadopt@aol.com
web site: <http://www.crossedsabers.com/>

RETURN APPLICATION AND CONTRACT FOR SWAP HORSES

This form is to be used to describe the adopted horse you wish to put back into the Second Wind Adoption Program ("SWAP"). It is designed to provide us with as much current information as possible so that we can find the best home for the adoption horse and to insure the horse is returned according to the original contract and in the best shape, so that the horse can have the best opportunity for a quick placement into a new home.

Please answer all questions truthfully, to the best of your ability and be sure you understand your obligations. SWAP can not accept the horse back into the program, nor can they release any adopter from the original adoption contract without this form and the return requirements completed as defined below. The ownership of the horse is never released to the adopter, any other person or other program for any reason, ever.

To see whether you have the right for an exchange, please check the rules for exchanges in your adoption contract. To finalize the return, fill out and sign this form and mail the original to the address below and get approved as a foster to maintain the horse at your location until adopted. (See the foster requirements below).

This form can be filled out on line and attached to an email to secondwindadopt@aol.com or faxed to 304-873-3121 or mailed to SWAP HQ at Crossed Sabers Stable, RR 2 Box 24A Jockey Camp Road, West Union, WV 26456. Call 304-873-3532 or 1435 with questions.

GENERAL INFORMATION

YOUR NAME _____
CURRENT ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE (HOME) _____ PHONE (WORK OR CELL) _____
E-MAIL ADDRESS _____ FAX NUMBER _____

I/WE AM/ARE THE SOLE LEGAL ADOPTER (S) OF THE HORSE DESCRIBED BELOW. THE HORSE IS FREE AND CLEAR OF ALL FINANCIAL OBLIGATIONS (INCLUDING TRAINING FEES, TRANSPORT, FARRIER, BOARD AND VET BILLS).

REGISTERED NAME _____
BARN NAME (ACCORDING TO SWAP RECORDS) _____
AGE _____ DATE AND YEAR FOALED _____
HORSE, MULE, DRAFT, WARMBLOOD, DONKEY, BURRO, MINI, PONY, ZEBRA OR ZEBRA CROSS

COLOR _____ SEX _____

BREED _____

MEASURED HEIGHT IN HANDS _____

GROSS WEIGHT W/ SCALES OR WEIGHT TAPE _____

MARKET VALUE AT TIME OF ADOPTION _____ (APPRAISED OR ESTIMATED, TO BE FILLED OUT BY SWAP)

REGISTRATION NUMBER, (IF REGISTERED) _____

REGISTERED WITH _____ (NAME OF ASSOCIATION, CLUB, FEDERATION, REGISTRY ____, ETC)

MICROCHIP BRAND, NUMBER AND LOCATION _____

TATTOO NUMBER AND LOCATION _____

FREEZE BRAND NUMBER/NAME AND LOCATION _____

BREED BRAND NUMBER/NAME AND LOCATION _____

OTHER BRANDS, NUMBER/NAME OR SYMBOL AND LOCATION _____

MARKINGS, OLD SCARS, INJURIES, IDENTIFIABLE MARKS SUCH AS FREEZE FIRING OR PIN FIRING, COWLICKS, SWIRLS:

YOUR ORIGINAL ADOPTION FEE (US \$) _____ DATE ADOPTED _____

DATE OF MOST RECENT COGGINS _____ (COGGINS MUST BE DATED WITHIN 6 MONTHS FROM TODAY FOR THE HORSE TO COME BACK INTO THE PROGRAM, EVEN IF BEING PLACED FROM THE FORMER ADOPTERS LOCATION)

CURRENT LOCATION OF HORSE (CITY/STATE) _____

PLEASE INDICATE WHERE YOU WOULD LIKE THE HORSE TO BE CARED FOR UNTIL IT IS PLACED:

MY LOCATION (SEE THE REQUIREMENTS BELOW TO FOSTER THIS HORSE)

SWAP HQ IN WEST UNION, WV (THERE ARE BOARDING FEES OF \$200. A MONTH PAID BY THE FORMER ADOPTER UNTIL THE HORSE IS PLACED INTO A NEW HOME, PAID ONLY WHEN THE HORSE HAS TO BE RETURNED TO SWAP HQ FOR PLACEMENT)

HEALTH RECORD AND EQUINE HISTORY

VET NAME THAT CARED FOR THIS HORSE _____

PHONE NUMBER _____ EMAIL ADDRESS _____

FARRIER NAME THAT CARED FOR THIS HORSE _____

PHONE NUMBER _____ EMAIL ADDRESS _____

EQUINE DENTIST NAME THAT CARED FOR THIS HORSE _____

PHONE NUMBER _____ EMAIL ADDRESS _____

ANY ALLERGIES KNOWN _____

DESCRIBE ALL SURGERIES THAT TOOK PLACE WHILE THE HORSE WAS IN YOUR CARE (WITH DATE OF OCCURRENCE, REASON SURGERY WAS COMPLETED, ATTENDING VET). ALSO DESCRIBE ALL FRACTURES THAT TOOK PLACE WHILE THE HORSE WAS IN YOUR CARE (WITH DATE OF OCCURRENCE, DATE XRAYS WERE TAKEN AND VET INFORMATION)

DESCRIBE ALL ACCIDENTS, INJURIES & ILLNESSES THAT HAPPENED WHILE THE HORSE WAS IN YOUR CARE (WITH DATE OF OCCURRENCE, ATTENDING VET AND BACKGROUND INFORMATION)

DESCRIBE ANY INJURIES THAT MAY AFFECT THE HORSES ABILITY TO BE RIDDEN/DRIVEN OR BRED. (INCLUDE PERTINENT DATES, VET NAME & PHONE NUMBER AND WHETHER THE CONDITION IS ASSUMED OR CONFIRMED BY A VET THROUGH DIAGNOSTIC TESTS (E.G., X-RAYS, ULTRASOUND, NUCLEAR THERMOGRAPHY, BLOOD TESTS))

SINCE YOU ADOPTED THE HORSE, HOW MANY TIMES HAVE YOU PERSONALLY RIDDEN/DRIVEN THIS HORSE? CIRCLE THE ONE THAT APPLIES:

NONE, ONCE A MONTH, LESS THAN 20 TIMES OVER THE YEAR, AT LEAST ONE TIME PER WEEK, 3 TO 6 TIMES A WEEK, DAILY

HOW MUCH HAS THE HORSE BEEN RIDDEN OR DRIVEN DURING THE LAST MONTH? _____

HOW MUCH HAS THE HORSE BEEN RIDDEN DURING THE LAST 6 MONTHS? _____

ARE THERE ANY AREAS THAT YOU FEEL THE HORSE IS SENSITIVE (PHYSICALLY/MENTALLY)?

HAS THIS HORSE HAD ANY EYESIGHT OR SEEING PROBLEMS WHILE WITH YOU? EXPLAIN DETAILS, ATTENDING VET, DIAGNOSTIC TESTS COMPLETED, ETC

ANY BREATHING, SWEATING OR BODY TEMPERATURE CONCERNS WHILE WITH YOU?
EXPLAIN. _____

DRUGS/VITAMINS/SUPPLEMENTS CURRENTLY TAKING AND WHY:

IF YOU ADOPTED A STALLION OR COLT, ON WHAT DATE DID YOU HAVE HIM CASTRATED?

HAS THIS HORSE BEEN BRED AT ANY TIME WHILE IN YOUR CARE? _____ IF SO, LIST ALL FOALS, FOALING DATES AND ENCLOSE COPIES OF REGISTRATION PAPERS OF ALL FOALS.

CURRENT FEED (AMOUNT IN POUNDS, TYPE, NAME BRAND AND NUMBER OF FEEDINGS PER DAY):

CIRCLE ANY FEEDING ISSUES THAT YOU HAVE SEEN WHILE THE HORSE WAS WITH YOU:

PICKY EATER, SLOW EATER, HAS CHOKED, HAS COLICED, SHOWN SIGNS OF AN UPSET STOMACH, SENSITIVE TO CHANGE, SENSITIVE STOMACH, CAN ONLY HAVE CERTAIN FEEDS/HAY, ALWAYS FED ALONE/IN STALL, EXTREMELY PROTECTIVE OF FEED. INCLUDE A DESCRIPTION OF THE FEEDING ENVIRONMENT (ALONE IN STALL, HOW MUCH WATER, OUT IN FIELD, IN FIELD WITH HERD, ETC) AND HOW YOU CORRECTED THE PROBLEM.

DESCRIBE CONFORMATION FLAWS OR TRAVELING PROBLEMS THAT YOU HAVE SEEN WHILE AT YOUR LOCATION (E.G., TOE IN, TOE OUT, BASE NARROW, BASE WIDE, SICKLE HOCKED, COW HOCKED, CONTRACTED FEET OR HEELS, FLAT FEET, CLUB FEET, BRUSHING, INTERFERING, KNEE-HITTING, STUMBLING). IF ANY, PLEASE EXPLAIN HOW THEY HAVE AFFECTED THE HORSE'S SOUNDNESS OR TRAINING WHILE HE/SHE WAS IN YOUR CARE AND HOW YOU CORRECTED THEM:

HEALTH CARE RECORD (PLEASE INDICATE THE DATE OF LAST SHOTS, WORMING, FARRIER, DENTAL, VET CARE, ETC, ALL HEALTH CARE MUST TO UP TO DATE TO ACCEPT THE HORSE BACK INTO THE PROGRAM):

EEE-WEE-VEE _____ (SHOW THE DATE WHEN COMPLETED ON EACH)

RHINOPNEUMONITIS _____

INFLUENZA _____

STRANGLES _____

RABIES _____

TETANUS _____

POTOMAC FEVER _____

BOTULISM _____

WEST NILE VIRUS _____

DATE OF LAST COGGINS TEST (EIA) _____ (MUST HAVE AND BE WITHIN 6 MONTHS)

VET EXAMINATION _____

NAME OF VET THAT COMPLETED WORK: _____ PHONE _____

WORMED _____ (TYPE OF WORMER USED) _____

ON A REGULAR WORMING PROGRAM (EVERY 8 WEEKS) _____

TEETH FLOATED WHEN _____

NAME OF SCHOOL TRAINED DENTIST: _____ PHONE: _____

DENTAL EXAM _____

WOLF TEETH OR CANINES PULLED (IF DONE AT YOUR LOCATION) _____

LAST DATE SHEATH CLEANED _____

FEET TRIMMED WHEN _____

FEET SHOD WHEN _____ (FULL SET OR FRONT SHOES)

DATE LAST BRED _____

DATE OF LAST FOAL _____

***CHECK ALL THAT HAPPENED WHILE THE HORSE WAS IN YOUR CARE (CONFIRMED BY A VET W/ DIAGNOSTIC TESTS):**

___ HAS COLICED

___ HAS SHOWN SIGNS OF UPSET STOMACH

___ HAS FOUNDERED WHILE UNDER MY CARE

___ HAS SHOWN SIGNS OF LAMINITIS

___ HAS HAD STRANGLES WHILE IN MY CARE

___ HAS NAVICULAR

___ HISTORY OF ILLNESS

___ HISTORY OF LAMENESS WHILE WITH YOU

___ HAS CONTRACTED EPM

___ FREEZE OR PIN FIRED LEGS WHILE UNDER MY CARE

___ HAS DEVELOPED ARTHRITIS WHILE UNDER MY CARE

***COMPLETE VET RECORDS MUST BE ENCLOSED FOR ALL ITEMS CHECKED ABOVE, INCLUDING XRAYS FOR FOUNDER/LAMINITIS AND NAVICULAR IF ANY OF THE ABOVE IS CHECKED.**

___ EASY KEEPER

___ HARD KEEPER

___ THIN SKINNED, DESCRIBE WHAT YOU MEAN _____

___ SENSITIVE FEET, DESCRIBE _____

___ COLD BACKED, DESCRIBE _____

___ SENSITIVE TO SUN/BUGS
___ HAS DEVELOPED ENLARGED JOINTS
___ HAS BEEN BRED WHILE IN MY CARE

PLEASE EXPLAIN ALL ITEMS IN DETAIL THAT IS MARKED ABOVE:

IF THIS HORSE IS A MARE OR FILLY, HAS IT BEEN BRED IN THE LAST YEAR OR IS THERE ANY POSSIBILITY THAT SHE MAY BE IN FOAL (REGARDLESS OF A VETS OPINION OR DIAGNOSIS AND REGARDLESS OF WHETHER SHE WAS INTENTIONALLY BRED OR NOT)? _____ IF YES, WHAT IS THE DATE LAST BRED OR ESTIMATED DATE? _____ DO YOU UNDERSTAND THAT THE "GET" FROM AN ADOPTION HORSE BECOMES THE PROPERTY OF SWAP BUT THAT THE FORMER ADOPTER MUST PAY THE STUD FEE AND OBTAIN SERVICING PAPERS FROM THE STALLION OWNER SO THAT SWAP OR THE NEW ADOPTER CAN GET THE FOAL REGISTERED. _____

WHAT IS THE STALLIONS NAME, BREED, REGISTRATION NUMBER, OWNERS NAME AND FULL CONTACT INFORMATON:

IF THE HORSE CAME TO YOU UNREGISTERED, DID YOU GET REGISTERED? _____ IF YES, WITH WHAT REGISTRY? _____

WHAT IS THE REGISTERED NAME OF THE HORSE? _____

WHAT IS THE REGISTRATION NUMBER OF THE HORSE? _____

EQUINE TRAINING/BREEDING HISTORY (WHILE THE HORSE WAS IN YOUR CARE)

ANSWER THE FOLLOWING QUESTIONS:

DATE LAST RIDDEN _____

DATE LAST DRIVEN _____

TYPE OF SHOES WORN _____

SIZE BIT USED _____

TYPE OF BIT USED _____

SIZE OF SADDLE TREE USED _____

OF FOALS IF EVER BRED _____

LAST FOALING DATE _____

TYPE OF BRIDLE USED _____

DATE LAST RACED (IF RACED WHILE IN YOUR CARE) _____

TRACK LAST RACED _____

DATE LAST COMPETED OR SHOWN _____ WHERE _____

IN WHAT DISCIPLINE OR CLASSES _____

ANSWER THE FOLLOWING QUESTIONS ACCORDING TO THE EXPERIENCE YOU HAD WITH THE HORSE, BY PUTTING Y FOR YES, N FOR NO OR ? IF UNKNOWN OR HAD NO CHANCE TO EVALUATE:

- GOOD MANNERS
- KNOWS LEADS
- LIKES TO WORK
- LIKES TO JUMP
- GOOD W/OTHER ANIMALS
- GOOD W/ OTHER HORSES
- CHILD COULD HANDLE
- SMART
- EASILY TRAINED
- SENSITIVE TO HOT TEMPS
- SENSITIVE TO COLD
- A CHILD CAN RIDE
- A BEGINNER COULD RIDE
- RESPECTS YOUR SPACE
- LOADS
- CRIBS
- CHEWS
- GOOD WITH FARRIER
- GOOD WITH VET/SHOTS
- KID SAFE
- TIES
- CROSS TIES
- HIGH ENERGY
- LOW ENERGY/LAID BACK
- CAN BE RIDDEN
- GOOD TEMPERAMENT
- CONFIDENT
- NERVOUS
- GAITED
- CLIPS
- BATHES
- HAS FEAR OF WATER
- LIKES PEOPLE
- TRAINED TO DRIVE
- TRAINED TO RIDE
- GOOD ALONE
- QUIET IN STALL
- FREE LONGES
- LUNGES ON LINE

- COMES WHEN CALLED
- CAN CATCH IN OPEN FIELD
- PULLS BACK WHEN TIED
- HIGH ON PECKING ORDER
- LOW ON PECKING ORDER

DESCRIBE IN DETAIL ALL ITEMS THAT ARE CHECKED ABOVE

WHAT IS THE PROFESSIONAL/PERSONAL EXPERIENCE OF THE HORSE, INCLUDING CURRENT JOB? EXPLAIN ALL EXPERIENCES IN YEARS/MONTHS INCLUDE BREEDING, RACING, SHOWING, RIDING, DRIVING. GIVE A DETAILED ACCOUNT OF WHAT EXACTLY THE HORSE HAS BEEN DOING...RIDING/DRIVING, SHOWING, COMPETING, TRAIL RIDING, ENDURANCE, ETC.

IF PROFESSIONALLY TRAINED, GIVE TRAINER'S NAME AND PHONE NUMBER. IN DETAIL, DESCRIBE ALL TRAINING, PLEASURE RIDING OR DRIVING, COMPETING, SHOWING THAT THE HORSE HAS DONE WHILE IN YOUR CARE, NUMBER OF DIFFERENT RIDERS, EXPERIENCE LEVEL OF RIDERS, ETC

DESCRIBE ANY TRAINING ISSUES (BOTH GOOD AND BAD) ENCOUNTERED WHILE YOU HAD THE HORSE IN YOUR CARE AND HOW YOU ADDRESSED EACH OF THEM AND THEIR CURRENT STATUS:

HOW PRESENTLY KEPT (T/O ON LUSH GRASS, T/O NO GRASS, IN STALL, T/O ALONE, T/O IN HERD, T/O WITH SAME SEX)

DOES THIS HORSE PREFER TO BE TURNED OUT OR IN HIS STALL? _____

BEST TRAITS OF HORSE THAT YOU SAW _____

WORST TRAITS/DISLIKES OF HORSE THAT YOU SAW: _____

WHAT DID THE HORSE DO WHEN SCARED WITH YOU? _____

ANY GIRTHING/SADDLING/HARNESSING/BRIDLING ISSUES THAT YOU SAW OR HAD?

RECOMMENDED PROFESSIONS: _____

ARE THERE ANY PROFESSIONS THAT YOU FEEL THE HORSE CANNOT DO OR SHOULD NO LONGER DO, PLEASE EXPLAIN WHY, PROVIDE VET RECORDS TO SUPPORT YOUR OPINION?

RECOMMENDED LEVEL OF EXPERIENCE OF HANDLER ON GROUND: _____

RECOMMENDED LEVEL OF RIDER: _____

ANY SPECIAL SHOEING/TRIMMING REQUIREMENTS? GIVE DETAILS AND VET/FARRIER RECORDS

ANY CONSISTENT VICES OR PROBLEMS YOU HAVE SEEN WHILE THE HORSE WAS IN YOUR CARE? (FOR EXAMPLE, BITING, KICKING, CHARGING, REARING, FLIPPING OVER IN HAND OR DURING WORK, VERY DOMINANT IN PASTURE OR ATTACKING OTHER HORSES, BOLTS, DOESN'T LOAD, DOESN'T TIE, EXTREMELY NERVOUS, PAWS, CHEWS, VERY POSSESSIVE DURING FEEDING TIMES, NOT RESPECTFUL OF HANDLER, CLAUSTROPHOBIC, CHARGES DOORWAYS, ETC) PLEASE CIRCLE ANY THAT APPLY AND EXPLAIN IN FULL ALL CIRCUMSTANCES, DETAILS OF ENVIRONMENT, NUMBER OF TIMES SEEN:

WHY ARE YOU PUTTING THIS HORSE BACK INTO THE PROGRAM?

CIRCLE THE TRAILERS THE HORSE HAS LOADED & HAULED IN WHILE IN YOUR CARE:

2 STALL STRAIGHT LOAD (WALK THROUGH),
2 STALL STRAIGHT LOAD STEP UP AND BACK OUT,
STOCK TRAILER,
SLANT LOAD,
VAN/TRACTOR TRAILER WITH RAMP LOADING

WHAT IS THE LONGEST HAULING TRIP THIS HORSE HAS BEEN ON WITH YOU (IN HOURS OR MILES) AND WHEN? _____

IF HORSE HAS ISSUES WITH LOADING, HOW DO YOU GET HIM OR HER LOADED?

DATE THAT THE HORSE WAS LAST LOADED AND HAULED IN A TRAILER _____
OVER THE LAST YEAR, HOW MANY TIMES HAS THE HORSE BEEN TRAIERED? _____

WHAT TYPE OF FENCING DO YOU HAVE THIS HORSE IN? _____

DOES THE HORSE CHALLENGE THAT FENCING? _____

HAS THE HORSE EVER LIVED OUTSIDE IN A RUN-IN SITUATION IN SNOW AND WINTER FOR EXTENDED PERIODS OF TIME WITH TEMPERATURE AT FREEZING OR BELOW WHILE IN YOUR CARE?

Y N

HAVE YOU HAD A WINTER BLANKET OR WATER PROOF RUG ON THIS HORSE AT ANY TIME?

Y N AT WHAT TEMPERATURE HAS IT BEEN WORN? _____

CIRCLE THE TRAINING AIDS USED ON THIS HORSE? VOICE, HAND SIGNALS, LEG, BODY WEIGHT, REINS, CROP, WHIP, SPURS, MARTINGALE, SIDE REINS, DRAW REINS, SURCINGLE, OVER CHECK, LUNGE LINE, LUNGE WHIP, BLIND BRIDLE FOR DRIVING, OTHER _____

HORSES LOCATION; GIVE STABLE NAME, POINT OF CONTACT, PHONE NUMBER, COMPLETE ADDRESS

GIVE DIRECTIONS TO THE HORSE'S LOCATION (FROM THE NEAREST INTERSTATE)

CIRCLE ALL THE PROFESSIONS THAT YOU THINK THE HORSE COULD DO NOW OR WITH TRAINING, THE RIGHT ENVIRONMENT, QUALITY CARE, AMPLE TURN OUT AND A TRAINED RIDER:

COMPANION, BROODMARE, BREEDING STALLION, BABY SITTER FOR WEANLINGS, PASTURE BUDDIES, LEAD LINE SHOWING WITH YOUNG KIDS, 4-H, PONY CLUB, PLEASURE DRIVING, COMPETITIVE DRIVING, CROSS COUNTRY DRIVING, HARNESS RACING, THOROUGHBRED RACING, LOW LEVEL DRESSAGE, LOW LEVEL JUMPING, UPPER LEVEL DRESSAGE, UPPER LEVEL JUMPING, FOX HUNTING (FIRST FLIGHT/OVER FENCES OR HILLTOPPER/NO JUMPING), STEEPLE CHASE, PLEASURE RIDING, HUNT SEAT ON THE FLAT, HUNT SEAT OVER FENCES, LOCAL SHOWING, NATIONALLY SHOWING, ENDURANCE RIDING, COMPETITIVE TRAIL RIDING, WESTERN PLEASURE, ENGLISH PLEASURE, CONTEST HORSE (BARREL RACING OR POLES), PONY HORSE AT THE RACE TRACK, OUTRIDDER/MARSHALL AT A HARNESS TRACK, REINING, CUTTING, HERDING COWS/SHEEP/LIVESTOCK ON A WORKING FARM OR RANCH, FIELD TRIALING OR HUNTING ON HORSEBACK, PACK HORSE, EVENTING OR COMBINED TRAINING, GAITED TRAIL HORSE, WORK HORSE, POLO, POLICE HORSE OR MOUNTED PATROL, RESCUE, RODEO, TRICK HORSE, VAULTING, HISTORICAL REINACTING, CEREMONIAL OR COLOR GUARDS, CARRIAGE OR FINE HARNESS HORSE, LESSON OR SCHOOL HORSE, OTHER _____

AS PER YOUR ADOPTION CONTRACT, ALL ITEMS THAT CAME WITH THE ADOPTION HORSE MUST BE RETURNED WITH IT TO GO TO THE NEXT ADOPTER. PLEASE LIST ALL ITEMS THAT CAME WITH THE HORSE (BLANKETS, HALTERS, GROOMING EQUIPMENT, SHEETS, BELL BOOTS, TACK, ETC).

RULES FOR RETURNING HORSES AND STATEMENTS OF UNDERSTANDING

We always accept every horse back into the program that is not working out with an Adopter, no horse is ever released to be sold or transferred by the adopter without SWAP's written approval of the new adopter, obtaining the adoption fee and a signed contract. The horse returned must be in the same condition or better than when adopted and the return form must be filled out and followed.

All equipment, papers, veterinary/farrier/dental records and registration papers must be returned with the horse, even if the adopter paid to register the horse. Any withholding of equipment and papers will be an additional \$500. fine in addition to the cost of replacing such items to be paid to SWAP by the returning adopter.

Horses will not be accepted with Manes and tail hair cut except for health care reasons and except for bridle paths being clipped according to what is accepted by that breed or riding discipline. Manes can be pulled (not cut), tail hair can be cropped but only in accordance with competing standards. Horses should come back into the program either with a natural long mane or have it pulled, not cut. Fore locks should not be cut.

No adoption fees are ever reimbursed, even if the horse is returned to the program, regardless of reason. Former adoption fees paid may, in some situations become tax deductible donations once the horse is returned.

All health care must be up to date (Coggins and all shots done within 6 months, dental floating within the last year, farrier and worming done within the last 60 days). Any horse returned to SWAP HQ or to the new adopter with out up to date health care, farrier or dental care will carry a \$500. fine to be paid to SWAP HQ upon request or at the time of return to SWAP HQ or when moved to the new adopter.

Adopters who violated any rule or regulation, or failed to provide the required minimum level of care to an adopted horse, will they not be allowed to adopt again.

If the Adopter is returning the horse because of a training issue, the Adopter should provide statements by trainers who have worked with the horse for at least 3 months, along with receipts that a trainer was paid to work with the horse, receipts for lessons, or statements from a trainer who has worked with the horse or the person riding the horse.

If the problem is a health or lameness issue, all vet and health records must be sent with the horse. SWAP HQ can decide that a returned horse must come to West Virginia to get evaluated or for placement and the adopter will comply with SWAP's request even if they requested to foster the horse until placed.

If the program has to pay any transport fee for a horse's return to the program, the adopter understands that they will be billed for the transport and that they will pay the transport bill, even during a recovery by the program for breach of contract by the adopter.

The adopter understands that if the adopter desires the horse to be returned to SWAP HQ while waiting to be placed into a home that the adopter returning the horse will pay \$200. a month board (one third of what it costs each horse each month to be at SWAP HQ). The adopter agrees to pay that until the horse is placed into another home acceptable to SWAP or they can foster the horse until its placed. The adopter understands the adoption process can take as long as a year or more but can be less when several quality pictures are provided, along with continuous updates and that the adoption is dependent on the condition of the horse and how well the adopter cared for it, trained it or worked with it. Local searching for a suitable home is also good possibilities for the adoption horse and former adopter. The adopter understands that 5% of the total board bill is added every month to boarding fees that are late and that there is a \$50. bounced check fee. The first month is due on the date the horse arrives and subsequent months are due on the same day until the horse is placed.

Requirements for becoming a Foster care giver of my adoption horse:

-THE FOSTER UNDERSTANDS THAT THEY MUST ALSO BE AN APPROVED ADOPTER THAT IS FINANCIALLY AND PERSONALLY STABLE, HAVING ALWAYS COMPLIED WITH ALL SWAP RULES AND CONTRACTUAL REGULATIONS CONCERNING THE CARE OF THE HORSE, KEPT UP WITH ANNUAL REPORTS, KEPT THE HORSE IN GOOD CARE, IN APPROPRIATE FACILITIES AND

CURRENT IN ALL HEALTH CARE, NEVER ABUSING, NEGLECTING, MISS USING OR OVER USING THE HORSE ACCORDING TO SWAP CONTRACTS.

-THE FOSTER UNDERSTANDS THAT THEY MUST USE THE UTMOST SAFETY MEASURES TO KEEP THE VISITORS AND HORSES SAFE FROM INJURY AN UNDERSTAND THEY ARE RESPONSIBLE FOR VISITORS AND RIDERS SAFETY ON THEIR PROPERTY OR IF BEING BOARDED AT A BOARDING FACILITY.

-THE FOSTER UNDERSTANDS THAT IF THE HORSE STAYS AT THEIR FACILITY, THAT BY BECOMING A FOSTER HOME THEY WILL COVER ALL THE COSTS OF KEEPING THE FOSTER HORSE AND THAT ALL EXPENSES (MONEY SPENT, NOT SERVICES RENDERED) ARE TAX DEDUCTIBLE.

-THE FOSTER MUST PROVIDE CONTINUED CARE ACCORDING TO THE CURRENT SWAP CONTRACT THAT IS POSTED ON THE WEB SITE.

-THE FOSTER MUST PROVIDE THE HORSE A STALL AND THE CARE REQUIRED TO GET THE HORSE PLACED (GET OR KEEP THE HORSE IN SHOW SHAPE, EXERCISED, FAT AND SHINY, WITH FEET, SKIN, HAIR, MANE AND TAIL IN EXCELLENT SHAPE)

-THE FOSTER MUST PROVIDE UPDATES OR PICTURES OR VIDEO OF THE HORSE EVERY 2 WEEKS OF THE HORSE IN HAND, TACKED UP AND RIDING IN ALL GAITS.

-THE FOSTER MUST ASSIST IN THE PLACEMENT OF THE HORSE, SHOW THE HORSE, BATHE AND CLIP THE HORSE FOR VISITORS, HAVE SERVICABLE, SAFE TACK AND A HELMET FOR THE POTENTIAL ADOPTER TO USE WHEN VISITING.

-THE FOSTER WILL ANSWER EMAILS REGARDING THE HORSE AND ASSIST IN EVERY WAY TO PUT THE HORSE INTO A NEW HOME.

-THE FOSTER WILL RIDE THE HORSE PRIOR TO ALLOWING ANY VISITOR TO RIDE THE HORSE. FOSTER HORSES WILL NOT BE BRED, JUMPED OR HEAVILY COMPETED OR CAMPAIGNED.

-THE FOSTER MUST BE ABLE TO PROVIDE A SMALL CONTAINED AREA LIKE A ROUND PEN OR SMALL Paddock THAT HAS GOOD FOOTING AND IS SAFE FOR RIDING.

-THE FOSTER WILL FOLLOW ALL SAFETY RULES (ALL RIDERS MUST WEAR A HELMET AND BE DRESSED FOR RIDING; RIDERS WILL HAVE A LUNGE LINE ON THE HORSE UNTIL YOU KNOW THE RIDER CAN HANDLE THE HORSE IN ALL GAITS.)

-THE FOSTER MUST HAVE LIABILITY INSURANCE THAT COVERS HORSE OPERATIONS AND RIDING, OR A TEMPORARY INSURANCE RIDER THAT WILL COVER THEM ON THE DAYS THAT SOMEONE RIDES THE SWAP HORSE.

-THE FOSTER MUST PERFORM ALL RESPONSIBILITIES OF A FOSTER HOME (SHOW THE HORSE, TRAIN THE HORSE IF NECESSARY AND WORK WITH THE HORSE TO GET IT PLACED, PUT UP LOCAL ADS IN TACK SHOPS AND STABLES TO HELP PLACE THE HORSE IN THE LOCAL AREA)

-THE FOSTER MUST KEEP THE HORSE IN GOOD CONDITION TO IMPROVE THE LIKELIHOOD THAT THE HORSE WILL BE PLACED.

I will provide all the above requirements as a foster parent. Any requirements I can not fulfill will be discussed with SWAP prior to fostering the horse.

Y N

I understand that pictures of the horse must be provided with the return form. They should be taken from every angle (front, side, left, right and back, taken in the sun, daylight, close up pictures that show the entire horse, untacked in hand, tacked up and while riding in all gaits) and taken within the last month, along with a copy of the new coggins. Show or competition pictures can be accepted as long as current pictures are provided.

I understand that for a horse to come back into the program the coggins and shots should not be older than 6 months old, regardless of your state or the horse's location. I understand that if the horse comes back thin, malnourished or injured, that I will be billed \$500. for every 100 lbs that the horse is down in weight, according to the program veterinary inspection.

I understand that any altering of records, forms or identifiable marks of the horse is against SWAP rules, that falsification and misrepresentation of the horse, selling the horse or releasing it to anyone without SWAP approval carries a \$20,000. fine payable to SWAP.

I understand that this is a description of the horse from my point of view and that SWAP will use all information given to them to best place the horse but that SWAP does consider the length of time the adopter had the horse and the adopters experience level, which can greatly affect how the horse

behaves or becomes with them. I have completed the attached "health record and equine history" and certify that all of the information therein is true and accurate to the best of my knowledge.

I understand I will be responsible for the transport bill, if I don't take care of the horse while in my possession or if I return the horse with outdated health care for any costs associated in the care and return of the horse. 5% interest will be added each month that the fees are not paid and after 3 months, it will be turned over to the magistrate for a decision in a small claims court, which will include legal fees and court costs to be paid by the former adopter.

I agree to release all information and all health care, vet, farrier, dental records and registration papers regarding this horse to the second wind adoption program, even if I paid to register the horse. I understand that all equipment and supplies that came with the horse must be returned with the horse and that it belongs to that horse, not the adopter. I understand that estimates of market value will be completed on all equipment not returned (according to SWAP's records) and the former adopter will be billed for such items and is expected to pay for these items within 3 months of the return of the horse.

Former Adopters Signature(s): _____ Date: _____