



Admission Contract

OWNER'S NAME: _____

ADDRESS: _____

PHONE: _____ MOBILE: _____

EMAIL: _____

Horse's Full Name: _____

Horse's Nickname: _____ Breed: _____

Date of Birth: _____

Sex: Gelding Mare Height: _____

At the time of admission, the owner relinquishes all ownership and rights to the equine.

nonifarm has a one-time retirement fee, due at the time of arrival. The fee is revised annually and currently is \$7,500.

The fee is paid by owner at the time of arrival, or for hardship cases nonifarm may assist owners with alternative funding strategies to include assistance from family and friends, GoFundMe-type campaigns, or other efforts.

Admittance Guidelines

The Equine must be at least 20 years of age at the time of admission.

At the time of admittance to nonifarm, the horse's ownership is transferred to nonifarm. The former owner relinquishes all rights to said horse and the horse shall remain at nonifarm. In return, nonifarm agrees to accept ownership of the horse and assume all obligations with respect to the horse. After the horse is accepted and ownership is transferred, nonifarm shall be solely responsible for the horse's care and expenses, including but not limited to providing a safe environment as well as regular and adequate food and water, veterinary care, hoof care, grooming and exercise.

In the unlikely event nonifarm ceases or is otherwise unable to meet its obligations in caring for the horse, nonifarm will use best efforts to notify the former owner and extend an option to reacquire the equine before any other placement actions are taken.

There is a one-time admittance fee for retiring a horse to nonifarm. The amount is reviewed annually and posted on the web site. (The admittance fee is not tax deductible. Anything over the current fee amount can be considered as a donation.)

Prior to being admitted to nonifarm, all horses should have their shoes removed, unless they are needed for medical reasons.

Upon admittance, any belonging or special supplements the owner wishes to provide for the horse are at the owner's expense.

Prior to final acceptance as a permanent resident of nonifarm, each incoming horse will be subject to an agreed 30-day Mutual Probation Period between its former owner and nonifarm.

I agree that the information provided is true to the best of my knowledge and that I am the legal owner of the horse described above. I understand that by signing this form, I agree to surrender legal ownership of my horse listed above to nonifarm Inc. It is understood that the surrendering party shall hold nonifarm Inc. and all its officers, directors, employees, and volunteers harmless from any claims of damage, injury, or acts of negligence arising from this surrender. I have read and thoroughly understand this release of liability and agree to abide by it.

nonifarm is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities.

(See nonifarm AGREEMENT FOR RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION COMMITMENT document.)

Signature of Owner: _____ Date: _____

Intake Information

- Health certificate provided at time of admission.

Name of current vet: _____

Contact information: _____

- Horse is up-to-date on the following vaccines:

Rabies, EWT, West Nile and Flu-Rhino vaccinations.

Date of Rabies vaccination: _____

Date of EWT vaccination: _____

Date of West Nile vaccination: _____

Date of Flu-Rhino vaccination: _____

List of any other vaccines given: _____

- Negative Coggins test from within one year of admission.

Date of test: _____

- ACTH test from within six months of admission.
Date of test: _____

- Deworming completed within six months of admission.
Date of deworming: _____
Dewormer used: _____

- Teeth floated and checked within six months of admission.
Date of floating: _____
Who completed the floating: _____
Contact information: _____
Was sedation required? _____

- Shoes removed.
Date of shoes were removed: _____
Date of last trim: _____
Name of Farrier: _____
Contact information: _____

- Current supplements/medications.
Medications: _____
Supplements: _____
Feed/Amount: _____

Please answer the following, providing details and dates where applicable:

Does the horse have any known allergies? No Yes

If yes, what allergies? _____

Does the horse have a history of navicular, laminitis, or founder? No Yes

If yes, please explain? _____

Has the horse been de-nerved? No Yes

If yes, please explain and give dates? _____

Has the horse received any joint injections, any type of medication or any preventative treatments in the last 24 months? No Yes

If yes, please explain? _____

Has the horse ever undergone diagnostic ultrasound, X-Ray or MRI or received any surgical treatment for lameness? No Yes

If yes, please explain? _____

Has the horse been treated with Banamine, Bute, or any other anti-inflammatory drugs within the last year? No Yes

If yes, please explain? _____

Has the horse been examined or treated by a veterinarian for other than routine care in the last 12 months? No Yes

If yes, please explain? _____

Has the horse had any colic, impaction, colic surgery, or intestinal disorder within the last three years? No Yes

If yes, please explain? _____

Has the horse ever suffered from melanomas, sarcoids or any type of growth? No Yes

If yes, please explain? _____

Does the horse have any dental problems (extremely poor or missing teeth)? No Yes

If yes, please explain? _____

Please provide any other applicable information: _____

nonifarm, Inc.
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410-741-9634
www.nonifarm.org

nonifarm, Inc. is a registered Maryland Non-profit charity with 501(c)(3) status. Donations are tax deductible. Please consult with your tax professional.

For tax purposes our EIN is: 82-1020948.