



Dream Catcher Therapy Center, Inc.

End of the Trail Horse Rescue\Sanctuary
5814 Highway 348 Olathe, Colorado 81425
Ph: 970-323-5400 Fax: 970-323-9090
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Horse Ownership Release Form

NAME:	HOME ADDRESS:
CITY:	STATE/ ZIP:
MAILING ADDRESS:	STATE/ ZIP:
HOME PHONE:	CELL PHONE:
WORK PHONE:	EMAIL ADDRESS:

This agreement is between DREAM CATCHER THERAPY CENTER and the above listed owner(s) [hereinafter referred to as "Donor"] regarding the release of ownership of:
_____ (Horse's Name)

Breed: _____ Age: _____ Sex: _____ Hands: _____ Color: _____

Donor warrants and represents that he/she is the lawful owner of the above named horse and, hereby, gives said horse to DREAM CATCHER THERAPY CENTER and understands that, in so doing, the horse becomes the property of DREAM CATCHER THERAPY CENTER and that Donor retains no further rights of use, care, maintenance, placement, ownership or possession.

DREAM CATCHER THERAPY CENTER agrees to attempt to place the horse in a loving home with a private co-owner/adopter assessed as qualified DREAM CATCHER THERAPY CENTER Adopter(s) understand they are bound to provide adequate facilities as well as regular veterinary, farrier, dental care as well as any special treatments/medical support as needed. In the event of any placement, DREAM CATCHER THERAPY CENTER will, notwithstanding, retain certain ownership interest in the horse and will conduct periodic reviews of the horse's ongoing health and welfare. In the event an adopter is unable or unwilling to provide proper care for the horse, adopters are legally obligated to return the horse to DREAM CATCHER THERAPY CENTER for placement in a more loving home.

Signature Owner/ Donor: Date:

\$ _____ Donation Value: (Valuation should be done by the owner(s) prior to releasing ownership as DREAM CATCHER THERAPY CENTER is unable to place a value on this horse).

I, Foster and Adoption Coordinator, on behalf of DREAM CATCHER THERAPY CENTER, hereby accept ownership of the above-mentioned horse.

Signature: Date: