



Standardbred Pleasure & Performance Horse Association NSW

A.B.N. 11 407 812 669

DATE OF AGREEMENT: _____ DAY _____ MONTH _____ YEAR

HORSE DONATION CONTRACT

The terms and conditions that apply upon relinquishing ownership of a Standardbred horse to the Standardbred Pleasure & Performance Horse Association of New South Wales Inc (hereafter referred to as SPPHA NSW Inc) for placement.

- Section 1: Once the horse is donated to SPPHA NSW Inc, it remains the property of SPPHA NSW Inc until such time as the adopter has met all the terms and conditions of the SPPHA NSW Inc adoption program.
- Section 2: All papers donated with the horse to SPPHA NSW Inc remain the property of SPPHA NSW Inc in perpetuity.
- Section 3: Such time as the adopter has met all the terms and conditions of the SPPHA NSW Inc adoption program, the adopter is then considered the full owner of the horse for any equestrian discipline other than Harness Racing as governed by the H.R.A and may continue without further involvement from SPPHA NSW Inc or the previous owner.
- Section 4: The horse may be registered with SPPHA NSW Inc for the purpose of pleasure/non-racing equestrian activities and proof of ownership. During the adoption period, the registered owner of the horse will be the SPPHA NSW Inc. Once the adoption period is complete, and the adopter has met all requirements stipulated by their agreements with SPPHA NSW Inc, the horse will be registered as a Pleasure Standardbred in the name of the new owner and the new owner provided with SPPHA NSW Inc papers.

PARTICULARS OF HORSE

Registered Name (if known): _____

Other Name: _____ Reg. No.: _____ (Freezebrand)

Age: _____ Height: _____ Colour: _____ Sex: _____

Last Worming: _____ Tetanus: _____ Dentistry: _____

Reason for Retirement: _____

Recommended Suitable For: _____

Please find enclosed the following: **HRA PAPERS (photocopies accepted)** **Not available**
 Other documentation (photocopies accepted)
(eg EI vaccination, microchip no. etc)

DONATOR: OWNER/TRAINER/DELEGATED REPRESENTATIVE (please circle those that apply)

Name: _____ Phone: _____

Address: _____

Signed (Donator): _____ **Date:** _____

Signed (SPPHA): _____ **Date:** _____