



# MARYLAND EQUINE TRANSITION SERVICE

## APPLICATION FOR GENERAL PLACEMENT

Please complete all sections in full before signing. Send completed form to [director@mdequinetransition.org](mailto:director@mdequinetransition.org) or PO Box 606, Lisbon, MD 21765.

### PERSONAL INFORMATION:

Name: \_\_\_\_\_  
*First Middle Last*

Physical Address: \_\_\_\_\_  
*Street*  
\_\_\_\_\_  
*City State Zip*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever been charged, warned/cited, or convicted by Animal Control or law enforcement officials for violating animal welfare laws or regulations?  Yes  No

If yes, when and please explain:

Are you interested in providing:

- Permanent Placement  Temporary Placement  Quarantine

Please describe in general the type of horse that you would consider giving a home:

Are you interested in a specific horse already in the METS program?  Yes  No

If yes, which one? \_\_\_\_\_

What are you hoping to use your new horse for? \_\_\_\_\_

I currently own a horse: # owned \_\_\_\_\_  I have owned a horse: when? \_\_\_\_\_

I have never owned a horse

How many years have you been involved with horses? \_\_\_\_\_

What do you feel is your horse handling experience?

- Beginner  Advanced Beginner  Intermediate  Advanced

What do you feel is your horse riding experience?

- Beginner  Advanced Beginner  Intermediate  Advanced

How much do you anticipate spending yearly on:

Veterinarian (maintenance): \_\_\_\_\_ Farrier: \_\_\_\_\_  
Dewormer: \_\_\_\_\_ Feed/Hay: \_\_\_\_\_ Dentist: \_\_\_\_\_

**FACILITY INFORMATION:**

Will the horse be boarded or kept at your property?  Boarded  Own property

If boarded, please provide the following information:

Facility Name: \_\_\_\_\_

Facility Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility Address: \_\_\_\_\_

How many acres is the facility? \_\_\_\_\_ How many acres would horse have access to? \_\_\_\_\_

How many horses are currently on the property? \_\_\_\_\_ How many stallions? \_\_\_\_\_

Will the horse be housed in a (check all that apply):  Barn  Stall  Paddock  Pasture

What are the turnout arrangements for the horse? \_\_\_\_\_

Is a 3-sided shelter with a roof provided when horse is turned out?  Yes  No

If not, how is the horse managed during inclement weather?

**REFERENCES:**

Veterinarian's name and phone number: \_\_\_\_\_

Farrier's name and phone number: \_\_\_\_\_

**Personal** (Please provide two references' names and phone numbers, not related to you, who can vouch for your horse care abilities):

1. \_\_\_\_\_

2. \_\_\_\_\_

Is there any additional information you would like to share with METS regarding your application to provide a home for a Maryland horse in need?

**AGREEMENTS** *(Please initial by each statement)*

**THE FOLLOWING COVENANTS OF THE APPLICANT ARE A MATERIAL INDUCEMENT FOR THE METS NETWORK TO CONSIDER AND ACCEPT APPLICANT FOR ADMISSION TO THE METS NETWORK:**

\_\_\_\_\_ I agree to NEVER take a METS horse to auction or slaughter, and I agree to include a no auction / slaughter clause in my Bill of Sale for all METS horses.

\_\_\_\_\_ I confirm that all information presented in this application is correct and truthful.

\_\_\_\_\_ I agree to allow the owner of the horse I am interested in to visit, or request photos of, my facility prior to transferring ownership, if requested.

\_\_\_\_\_ I confirm that I am at least 18 years of age and fully capable of caring for and treating a horse properly and humanely, meeting all of its needs and requirements at all times.

\_\_\_\_\_ I have read the paragraphs below in italics. By initialing this statement and executing below Applicant agrees to be bound at all times by the following:

*By my submission of this application to provide placement to a METS horse, the Applicant understands and agrees that, if the General Placement Application is approved, effective with that approval, Applicant releases, discharges, and covenants not to sue the Maryland Horse Council (MHC), Days End Farm Horse Rescue (DEFHR) and each of these organization's Board of Directors, administrators, directors, agents, officers, members, volunteers, and employees, and, if applicable, owner and lessors of premises on which METS activities take place, (collectively known as, "Releasees") from all liabilities, claims, demands, losses, or damages whenever or however arising as to injury, death and/or property damage occurring during and/or as a result of Network member's participation in the Maryland Equine Transition Service, caused or alleged to be caused, in whole or in part, by the negligence of the Releasees or otherwise.*

*The Applicant agrees to indemnify, hold harmless and defend Releasees from any and all liability, whenever or however arising, from all third party (defined as, "any visitor, including clients, parents, prospective adopters, vendors, or any other person or entity to Applicant's property property") claims, demands, causes of action, suits, judgments, liabilities, costs and expenses of any nature arising from injury, death and/or property damage arising out or related to (a) Releasees', Applicant's and/or a third party's negligent act(s) or omissions; and/or (b) Releasees', Applicant's and/or a third party's negligent act(s) or omission(s) during or related in any way to the activities; and/or (c) any misinformation or misrepresentations made by Applicant and/or a third party in this Application. Applicant agrees to pay the reasonable costs, expenses and reasonable attorney fees incurred by Releasees, arising directly or indirectly out of or with respect to any third party claims and the enforcement of the aforesaid indemnity obligations by the Application.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*