

Addendum to Peaceful Valley Donkey Rescue's Adoption Policy

Supplemental Conditions of Adopting Senior and/or Special Needs Donkeys

I, _____, understand that I have agreed to adopt an older / special needs donkey(s) and agree to the following supplemental conditions of the adoption:

Donkey Microchip Number: _____

Donkey's Estimated Age: _____

Donkey's Medical Issues: _____

Donkey's Medication Needs: _____

Special Feed Needs: _____

Donkey's Dental Care Needs: _____

Donkey's Farrier Care Needs: _____

Donkey's Other Needs: _____

For donkeys over age 20, semi-annual vet visits are needed to determine the donkey's body condition, feed and dental needs, and other medical issues (such as blood tests to determine health status such as cushings, liver failure, kidney failure, anemia and others). Copies of the medical records from these visits along with current photos of the donkey(s) are to be sent to:

Regional adopting facility contact information:

Agreed & Accepted: Date: _____

Name: _____ Signature: _____

Adoption Center Manager Signature: _____