



1328 Dover Road
Wooster, OH 44691

Agreement # _____

Ohio State University ATI Animal Use Agreement

Animal Name _____
Animal Breed _____ Age _____ Sex _____
Sire _____ Dam _____ Color and markings _____
Registration Number/Tag number (if applicable) _____
Specialized handling necessary for this animal _____

The Ohio State University on behalf of its Agricultural Technical Institute (ATI), Wooster, Ohio conducts educational programs for students requiring the use of various breeds and types of animals. Animal owners enrolling their animals in these educational programs benefit by having that animal cared for and trained by ATI.

The Ohio State University A.T.I. and _____ (animal owner) agree to the following conditions of animal use in ATI's educational program.

1. Animals will be used to support ATI's educational program.
2. ATI's animal specialists will supervise the care, training and use of the animal.
3. Approved feeding, watering, handling, training, safety, sanitation, healthcare and housing will be utilized.
4. The owner will deliver the animal to the designated ATI facilities at a time agreed upon by ATI. Animals will be picked up by the Owner under a similar arrangement upon termination of their use. If Owner does not pick up or call within three days after the agreed upon pick up date, a certified letter will be sent regarding the animal's abandonment. Should the animal not be removed within the specified time, Owner hereby relinquishes all claims to the animal and the animal in question shall become the property of ATI.
5. The Owner and ATI agree to the following payment schedule for covering the cost of feed, housing and care of the animal (describe) _____

Payment should be made to OSU/ATI. Owner agrees that the animal shall not leave ATI until all charges are paid to ATI by Owner. ATI shall have and is hereby granted a lien on the animal for any and all unpaid charges resulting from boarding the animal. Owner agrees that in the event that the cost of feed, housing and care are not paid when due in accordance with this agreement, ATI may exercise its lien rights upon ten days written notice given by ATI to Owner.

6. Owner will pay all expenses for services (veterinary, etc.) unless otherwise agreed upon in writing.
7. ATI requires that the animal be immunized and/or tested for the following prior to the animal arriving at ATI (describe) Flu, Rhino, Eastern and Western Encephalomyelitis, Tetanus and a negative Coggins within 6 months.
8. It is the Owners responsibility to insure their animal if desired.
9. The term of this agreement will commence on _____ (date) and will renew annually on this date.
10. This agreement may be terminated by OSU/ATI or Owner with 7 days written notice to the other party.
11. Owner agrees to be solely responsible for any and all acts or behavior of the animal while it is in the care of ATI. ATI, The Ohio State University and its officers, agents, students and employees shall not be liable for any injury, escape, disability or death of any animal on its premises or in its continuous care and control due to any negligence or carelessness. As a condition of enrolling its animal in ATI's program, the animal owner hereby releases The Ohio State University and its officers, agents, students and employees from any and all claims or expenses by reason of any such injury, escape, disability or death while the animal is on the premises of ATI or under its continuous care and control due to any negligence or carelessness.
12. If the animal becomes ill or if the state of the animals health otherwise requires professional attention, ATI in its sole discretion, may engage the services of a veterinarian or administer medicine or give other requisite attention to the animal, and the expense shall be paid by Owner.
13. This agreement is governed by the laws of the State of Ohio.

The conditions of this ATI animal use agreement are understood and agreed upon the date indicated below.

Animal Owner _____ Date _____

ATI Animal Specialist _____ Date _____

Address _____

Agricultural & Engineering _____ Date _____
Technologies Division Chairman

City _____ State _____ Zip _____

Assistant Director, Inst. Svcs. _____ Date _____

Telephone _____

Copy to: Owner

ATI Animal Specialist
Division Chair
Asst. Director (Inst. Svcs.)
Acct. Clerk