

America's Equine Sanctuary at Blue Shadow Farm

Surrender/release form

Name: _____ Date: _____

Address: _____

City, State and Zip: _____ Phone # _____

Equine's Name, Registration, or Brand: _____

Breed: _____ Age: _____ Sex: _____

How long have you owned this equine? _____

Equine's Previous Use: _____

Has this equine had any type of surgery? ____ Yes ____ No ____ Unknown

If you answered yes, please list the type of surgery. _____

Does this horse have any lameness issues? ____ Yes ____ No ____ Unknown

If you answered yes, please describe. _____

If equine is a mare, is there a possibility she could be pregnant? ____ Yes ____ No ____ Unknown

Please describe the equine's riding history.

Please describe the equine's temperament, soundness and any habits about which the America's Equine Sanctuary and its adopters should know.

Does this equine's temperament, soundness or habits pose any danger to those riding or handling it (e.g. bites, kicks, rears, bucks shies at vehicles, will not trailer without tranquilizer, etc.)? ____ Yes ____ No ____ Unknown

Has this equine ever injured anyone? ____ Yes ____ No ____ Unknown

Is this equine a cribber? ____ Yes ____ No ____ Unknown Owner's Initials _____

Please list dates of equine's last vaccinations, worming, hoof and dental care.

E & W Encephalomyelitis	Date_____	Unknown
Tetanus	Date_____	Unknown
Rhino-Flu	Date_____	Unknown
Rabies	Date_____	Unknown
West Nile	Date_____	Unknown
Botulism	Date_____	Unknown
Worming Product_____	Date_____	Unknown
Hoof Care	Date_____	Unknown
Dental Care	Date_____	Unknown

To the best of my knowledge, the above information is true and correct.

Owner's signature

Date

I hereby surrender the above named equine(s) to America's Equine Sanctuary and thereby relinquish all ownership in the equine(s). I represent and warrant I have the right to deliver the equine(s) to America's Equine Sanctuary. I understand that America's Equine Sanctuary will not be responsible for any financial obligations incurred by the owner(s) on behalf of this equine(s) prior to its donation to America's Equine Sanctuary. By signing below, I waive any waiting period before disposition of the equine(s). Should America's Equine Sanctuary find a suitable home for the equine(s), I understand that I am consenting to adoption of the equine(s) by an individual/organization as determined appropriate in America's Equine Sanctuary's sole discretion. I understand and agree that I am transferring full ownership of the equine(s) to America's Equine Sanctuary, and America's Equine Sanctuary has full authority for all necessary veterinary procedures. Having given full consideration to the terms of this agreement, and understanding my obligations and waivers pursuant thereto, I have decided to relinquish the equine(s) to America's Equine Sanctuary, and agree to all terms of this agreement by signing below.

Owner: _____

Witness: _____

Date: _____

