



# *A&A Horse Haven*

Non-profit Organization

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## **EQUINE OWNER SURRENDER FORM**

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NAME OF OWNER SURRENDERING HORSE: \_\_\_\_\_

Date: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### **HORSE INFORMATION:**

EQUINE'S NAME: \_\_\_\_\_ REGISTERED, BRANDED, TATTOO: YES / NO

HOW LONG HAVE YOU OWNED THE EQUINE: \_\_\_\_\_

EQUINE'S PREVIOUS USE: \_\_\_\_\_

BREED: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

PAPERS? YES / NO CURRENT COGGINS? YES / NO

**PLEASE LIST ANY INJURY EQUINE HAS HAD PAST OR PRESENT:**

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**DOES THIS HORSE HAVE ANY OF OR EVER HAD THE FOLLOWING: PLEASE CIRCLE**

**LAMENESS MUSCLE TIGHTNESS ABSCESS WEIGHT LOSS ULCERS VISION PROBLEMS**

**ABDOMINAL ISSUES LETHARGIC MISSING TEETH BROKEN BONES NASAL DISCHARGE**

**EAR MITES**

**WORM INFESTATION NAVICULAR PROBLEMS FEVER HOOF SPLITTING ALLERGIES**

**FOUNDER COLIC CHOKING OPEN WOUNDS**

**HEAVES THRUSH CRIBBER PROUD CUT**

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CURRENT VETERINARIAN: \_\_\_\_\_ LAST DATE SEEN: \_\_\_\_\_

CONTACT INFORMATION: \_\_\_\_\_

CURRENT FARRIER: \_\_\_\_\_ LAST DATE SEEN: \_\_\_\_\_

CONTACT INFORMATION: \_\_\_\_\_ IF

EQUINE IS A MARE, ANY POSSIBILITY OF PREGNANCY? YES / NO

PLEASE GIVE BRIEF DESCRIPTION OF EQUINE'S RIDING ABILITY: \_\_\_\_\_

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PLEASE DESCRIBE THE EQUINE'S TEMPERAMENT, BAD HABITS, VICES, ETC:

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IS THE EQUINE DANGEROUS IN ANY WAY, IF SO PLEASE EXPLAIN: \_\_\_\_\_

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HAS THE EQUINE EVER INJURED ANYONE OR ANOTHER ANIMAL, IF YES PLEASE EXPLAIN:

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HAS THE EQUINE EVER HAD ANY OF THE FOLLOWING VACCINES?:

**E&W ENCEPHALOMYELITIS**

**TETANUS**

**RABIES**

**WEST NILE**

**BOUTISM**

TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION ABOUT THE EQUINE'S RIDING HISTORY, TEMPERAMENT, AND MEDICAL TREATMENT IS TRUE AND CORRECT.

\_\_\_\_\_ DATE: \_\_\_\_\_

**OWNER'S SIGNATURE:**

\_\_\_\_\_

**ACKNOWLEDGEMENT**

HAVING SOLE OWNERSHIP OF THE ABOVE EQUINE, I / WE, HEREBY SURRENDER THE EQUINE

\_\_\_\_\_

REGISTRATION OR TATTOO NUMBER \_\_\_\_\_ TO A&A HORSE HAVEN RESCUE AND REHABBING FACILITY, AND THEREBY RELINQUISH ALL OWNERSHIP OF THIS ANIMAL.

I UNDERSTAND THAT A&A HORSE HAVEN WILL NOT BE RESPONSIBLE FOR ANY FINANCIAL OBLIGATIONS INCURRED BY ME ON MY BEHALF OF THIS EQUINE PRIOR TO A&A HORSE HAVEN.

SHOULD A&A HORSE HAVEN FIND A SUITABLE HOME FOR THIS EQUINE, I UNDERSTAND THAT I AM CONSENTING TO THE ADOPTION OF THE EQUINE BY AN INDIVIDUAL/ORGANIZATION APPROVED BY A&A HORSE HAVEN.

I UNDERSTAND AND AGREE THAT I AM TRANSFERRING FULL LEGAL OWNERSHIP OF MY EQUINE LISTED ABOVE TO A&A HORSE HAVEN AND THEY HAVE FULL AUTHORITY FOR ALL NECESSARY VETERINARIAN PROCEDURES.

\_\_\_\_\_ **OWNER'S**  
**SIGNATURE DATE**

\_\_\_\_\_ **PRINT**  
**OWNER'S NAME DATE**

\_\_\_\_\_ **WITNESS**  
**SIGNATURE DATE**

\_\_\_\_\_ **PRINT**  
**WITNESS NAME DATE**

\_\_\_\_\_ A&A HORSE  
HAVEN ADVOCATE SIGNATURE DATE

\_\_\_\_\_ PRINT A&A  
HORSE HAVEN ADVOCATE NAME DATE

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