Owner 2 Owner

A LIBERTY SANCTUARY PROGRAM

Application for Transition Services

Owner Contact Information

Name	
Street Address	
City, State, Zip	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Assistance Information

How many total horses do you have? ____ Of the total, how many need assistance? ____

What type of assistance do you need? (Check all that apply.)

☐ Rehoming What amount would you be asking for your horse(s)? ____

☐ Euthanasia ☐ Other: ____

Reason(s) for needing assistance:

Do you have a deadline by which you need the above assistance? ○ Yes ○ No

If yes, please state here: ____

Is there any form of assistance that would enable you to keep your horse?
If so, please explain:

Other information you feel we should know:

Horse Information

Please complete the below information for EACH horse.

Horse 1

Registered Name			
Nickname			
Age			
Breed			
Sex			
Height			
Rideable (yes/no)		If yes, what level rider?	
Health/Behavioral Concerns			
Special Needs/Requirements			
Other Important Info			
Facility Name & Phone			
Street Address			
City, State, Zip			

Horse 2

Registered Name			
Nickname			
Age			
Breed			
Sex			
Height			
Rideable (yes/no)		If yes, what level rider?	
Health/Behavioral Concerns			
Special Needs/Requirements			
Other Important Info			
Facility Name & Phone			
Street Address			
City, State, Zip			

Horse Information

Please complete the below information for EACH horse.

Horse 3

Registered Name			
Nickname			
Age			
Breed			
Sex			
Height			
Rideable (yes/no)		If yes, what level rider?	
Health/Behavioral Concerns			
Special Needs/Requirements			
Other Important Info			
Facility Name & Phone			
Street Address			
City, State, Zip			

Horse 4

Registered Name			
Nickname			
Age			
Breed			
Sex			
Height			
Rideable (yes/no)		If yes, what level rider?	
Health/Behavioral Concerns			
Special Needs/Requirements			
Other Important Info			
Facility Name & Phone			
Street Address			
City, State, Zip			

Agreement and Signature

By submitting this application, I affirm that I am at least 18 years of age and that the facts set forth in this document are true and complete. I also confirm that I am the rightful owner of the described horse(s) in this application or that I am acting on behalf of the owner with their full knowledge and permission.

Full Name	
E-Signature	
Date	

If acting on behalf of the owner, please complete the below:

Name	
Street Address	
City, State, Zip	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Submission Information

Once your application is complete, please submit it to Liberty Sanctuary's Owner 2 Owner program.

Email: _____

Mailing address: _____

Questions / phone: _____

Thank you for completing this application form and reaching out to Owner 2 Owner for assistance.