

Believe Equine Rescue & Rehabilitation Center, Inc.

140 Faulkner Lane, Roseboro, NC 28382
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Horse Surrender Form

Horse Information:

Horse Nickname _____ Full Registered Name _____

Registration Association and # _____ original breed papers with signed transfers must be submitted with this form

Breed _____ Age _____ Gender _____ Color _____

Descriptive Markings and Brands: _____

Current Owner Information:

Current Owner _____ Street Address _____

City _____ State _____ Zip Code _____ Home Phone _____

Cell Phone _____ Work Phone _____ Email _____

How long with current owner? _____ Prior to current owner? _____

Reason for surrendering horse to Believe Equine Rescue & Rehabilitation Center

Medical and Temperament History:

Most recent vaccinations including date administered: _____

Most recent worming including date administered and product used: _____

Does this horse have a current negative Coggins test? _____ (if so, original Coggins test must accompany this form)

Has this horse been vaccinated for West Nile Virus within 6 months? _____ Stand tied? _____

Does this horse load into a trailer? _____ Lead? _____ Clip? _____ Stand for the hose? _____

Stand for the farrier? _____ Stand to be wormed/vaccinated? _____

Known unsoundness, lameness, or other medical conditions: _____

Current treatment or veterinarian recommendations: _____

Any known feed or medication allergies? _____

Please list all known special needs, overall temperament, any likes/dislikes, quirks, vices, and any other necessary or useful information:

On the back of this sheet, please write up a brief (or not so brief) history of this horse. Also, if you have any preferences for the type of adoptive home you would like to see this horse go to, let us know. We can't promise specifics, but we will try to take into account the type of situation owners would like to see their horse go to.

Release:

I, _____ agree that the above information is true to the best of my knowledge. I hereby certify that I am the owner or authorized agent for the owners of the equine described above and that I give Believe Equine Rescue & Rehabilitation Center authority to transfer ownership of the equine and/or to practice euthanasia at anytime and in what ever manner Believe Equine Rescue & Rehabilitation Center may deem appropriate. I hereby remise, release and forever quit-calm unto Believe Equine Rescue & Rehabilitation Center, its employees, successors and assigns, any and all actions and manner of actions, causes of actions, debts, dues, claims and demands, both in law and in equity, which I have either now or in the future against Believe Equine Rescue & Rehabilitation Center or its transfer of ownership of the equine to Believe Equine Rescue & Rehabilitation Center subsequent treatment, transfer of ownership or euthanasia of said equine.

I understand that by signing this form, I agree to surrender legal ownership of my horse(s) listed above to Believe Equine Rescue & Rehabilitation Center. It is understood that the surrendering party shall hold Believe Equine Rescue & Rehabilitation Center and all it's officers, directors, employees, and volunteers harmless from any claims of damage, injury, or acts of negligence arising from this surrender. I have read and thoroughly understand this release of liability and agree to abide by it.

Owner _____ Date _____

