



# US Horse Welfare and Rescue National Coalition Equine Surrender Agreement

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

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_ Phone # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

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. \_\_\_\_\_

Current Vet: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Ferrier: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Please describe the equine's riding history.

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Please describe the equine's temperament, soundness and any habits about which USHWR-NC and its adopters should know.

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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

If you answered yes to either of the two previous questions, please explain in full detail (attach additional sheet if necessary.)

Is this equine a cribber? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Unknown

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

Coggins	__ Neg. __ Pos.	Date_____	____ Unknown
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 about the equine's riding history, temperament, and medical treatment is true and correct.

\_\_\_\_\_  
Owner's signature

\_\_\_\_\_  
Date

**Surrender Donation:**

Will you be making a tax deductible donation to help cover the costs of caring for this equine while it is at US Horse Welfare and Rescue National Coalition? \_\_\_\_ Yes \_\_\_\_ No.

If yes, the tax deductible donation is in the amount of \$ \_\_\_\_\_.

Do you have proof of ownership? \_\_\_\_\_ What proof can you provide?

\_\_\_\_\_  
Having sole ownership of the above equine, I/we hereby surrender the equine \_\_\_\_\_, registration/brand: \_\_\_\_\_ to US Horse Welfare and Rescue, Inc. and thereby relinquish all ownership in this animal.

I understand that US Horse Welfare and Rescue, Inc will not be responsible for any financial obligations incurred by me on behalf of this equine prior to its surrender to US Horse Welfare and Rescue, Inc.

US Horse Welfare and Rescue, Inc. find a suitable home for this equine, I understand that I am consenting to the adoption/fostering of the equine by an individual/organization approved by US Horse Welfare and Rescue, Inc.

I understand and agree that I am transferring full legal ownership of my equine to US Horse Welfare and Rescue Inc. and US Horse Welfare and Rescue Inc. has full authority for all necessary veterinarian procedures including euthanasia.

_____	_____	_____
<b>Owner Signature</b>	<b>Printed Name</b>	<b>Date</b>

_____	_____	_____
<b>Owner Signature</b>	<b>Printed Name</b>	<b>Date</b>

_____	_____	_____
<b>Owner Signature</b>	<b>Printed Name</b>	<b>Date</b>

**Copy of proof of ownership attached?** \_\_\_\_\_

\_\_\_\_\_  
**USHWR Use Only:**

**Accepted by:** \_\_\_\_\_ . **Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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