



Equine Relinquishment / Third Party Assistance Questionnaire

Owner Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ Phone (C): _____ email: _____

Equine Information

Name: _____ Breed: _____

Age/DOB: _____ Sex: _____ Height: _____ Color: _____

Markings: _____

ID#/Jockey Club: _____

Brand: _____ Location: _____

Reason for relinquishment: _____

Please describe the equine's temperament and all habits: _____

Does the equine have ANY health, illness, or lameness issues or past injuries? _____

If yes, please describe: _____

Please describe the equine's training/riding ability/competition experience(s): _____

Please list dates of equine's last exam, treatment, vaccinations, deworm, hoof care, and dental care:

Veterinarian: _____ Phone: _____

Exam: _____ Issues: _____

Treatment: _____

E&W Encephalomyelitis: _____ Tetanus: _____

Rhino: _____ Flu: _____

Strangles: _____ Coggins: _____

Rabies: _____ West Nile: _____

Botulism: _____ Other: _____

Worming: _____ Product: _____

Farrier: _____ Phone: _____

Hoof Care: _____ Shoes(?): _____

Dental Practitioner: _____ Phone: _____

Dental Care: _____ Issues(?): _____

Trainer: _____ Phone: _____

Current Diet: _____

I hereby authorize the veterinarian, farrier, dental practitioner and trainer named herein to release Information about me or my equine to Hayes Horse Haven, as necessary to evaluate this application.

Owner Name: _____

Signature: _____

Owner phone: _____ Fax: _____

Owner email: _____

Question	Yes	No	Describe responses in detail. (Use additional page(s), if needed)
Is equine halter trained?			
Is equine social with humans?			
Does equine have good ground manners?			
Is equine suitable for beginning/novice handler?			
Is equine suitable for young/small child handler?			
Is equine compatible with men and women?			
If mare, is it possible she could be pregnant? If so, exposure date(s)?			
Is equine on any medications?			
Has equine been on any medications in the past?			
Is horse trained under saddle? If yes, provide detailed description of training, discipline(s), experience, type of rider suited for, and any other notable information?			
Does this equine have any known bad habits or vices (eg, bite, kick, buck, bolt, rear, strike, pull back, crib, weave, pace, or other)?			
Has the equine demonstrated any aggressive or unsafe behavior?			
Has this equine ever injured anyone?			
Has the equine been exposed to dogs or other animals?			

Question	Yes	No	Describe responses in detail. (Use additional page(s), if needed)
Has the equine been aggressive with or injured a dog(s) or other animals?			
Is equine spooky or sensitive to stimuli?			
Is the equine compatible with other equine?			
Is the equine kept with another equine?			
Is the equine kept in a herd environment?			
What is equine's dominant in herd? Describe behavior			
Is equine buddy sour or herd-bound?			
Is equine food aggressive?			
Does equine load readily and trailer confidently? Any type of trailer?			
Does equine tie?			
Does equine lunge?			
Is equine accustomed to stalling?			
Is the equine accustomed to blanketing?			
Does equine choke?			
Has equine ever experienced laminitis or founder?			
Has equine ever experienced any injury or illness?			
Other notable information?			
Please provide current photos of your horse(s) to include photos of entire horse from front, back, left, and right,			



Equine Relinquishment Agreement

I, _____, declare, to the best of my knowledge, the above information is true and correct:

Equine's Name: _____ ID#/Brand: _____

I, _____, am the sole owner of the above named equine, and I hereby relinquish Hayes Horse Haven (HHH) all ownership interest in the above named equine. _____ (initial)

I understand and agree that HHH will not be held liable for any ownership disputes resulting from this relinquishment. _____ (initial)

I understand and agree that HHH will not be responsible for any financial obligations incurred by the owner(s) and owner's agent(s) on behalf of this equine prior to its relinquishment. _____ (initial)

I understand and agree that I am transferring complete ownership of above named equine to HHH, and that HHH has full authority for all necessary veterinarian procedures including euthanasia, if necessary. (initial) _____

Should HHH find a suitable home, I understand that I am consenting to subsequent adoption of the equine by an individual/organization approved by HHH (initial) _____

This form must be returned to Hayes Horse Haven prior to acceptance of above named equine

Hayes Horse Haven
1341 Matson Drive
Marion VA 24354
Scan/Email: hayesfarmlife@gmail.com

Printed Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ email: _____

Signature: _____ Date: _____

Witness Name: _____

Witness Signature: _____ Date: _____

Will you be making a tax deductible donation to help cover the costs of caring for and/or treatment of this equine while it is with HHH? Yes: _____ No: _____ Amount: _____

Received By: _____

Cash: _____ Check #: _____ CC: _____



HAYES HORSE HAVEN

Authorization for Release of Veterinary Records

I, _____, the undersigned, do hereby grant my permission to release to All About Equine Animal Rescue, Inc. a copy of all information contained in the veterinary medical records for the following horse(s):

Horse #1: _____

Horse #2: _____

Horse #3: _____

Records may be scanned/emailed to hayesfarmlife@gmail.com, or sent via USPS to:

HAYES HORSE HAVEN
1341 MATSON DRIVE
MARION VA 24354

Declaration

I authorize the release of all veterinary records to HAYES HORSE HAVEN for the horse(s) named above. I understand HAYES HORSE HAVEN will utilize these records, as needed.

Signed: _____ Date: __/__/__

Print Name: _____