

MAX'S HORSE HAVEN

Horse Surrender Form

If there is any part of this surrender form that you do not understand or have questions about, please contact Kathy or Mike Britt for more information at 770-889-3842 or email Kathy@maxshorsehaven.com

Please return this to: Max's Horse Haven, 1160 Glen Wilkie Trail, Ball Ground, GA 30107

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 has this horse been with the current owner? _____

Reason for surrendering this horse to Max's Horse Haven?

Max's Horse Haven does NOT judge people based on their reasons for surrendering their equines.

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? Yes No (if so, original

Coggins test must accompany this form)

Has this horse been vaccinated for West Nile Virus within 6 months? Yes No

Does this horse stand tied? Yes No

Does this horse load into a trailer? Yes No

Does this horse lead? Yes No

Does this horse clip? Yes No

Does this horse stand to be bathed and groomed? Yes No

Does this horse stand for the hose? Yes No

Does this horse stand for the farrier? Yes No

Does this horse stand to be wormed/vaccinated? Yes No

Is this horse broke to ride? Yes No

If yes, in what situations has this horse been ridden?

Known unsoundness, lameness, or other medical conditions: (please attach any veterinary or other health provider documentation)

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. This information will help us with the rehabilitation process, if needed, and helps keep our trainer, staff and volunteers safe.

On a separate sheet of paper, 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 when placing horses into new homes; however we do try to take into account the type of situation owners would like to see their horse go to.

Max's Horse Haven is a non-profit organization, 501(c) 3, tax-exempt.

Release:

I, _____, agree that the above information is true to the best of my knowledge and that I am the legal owner of the above described horse(s). I understand that by signing this form, I agree to surrender legal ownership of my horse(s) listed above to Max's Horse Haven. It is understood that the surrendering party shall hold Max's Horse Haven and all its 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 _____

Initial if this equine will become part of the Veteran's Rehabilitation Program _____