



EQUINE RESCUE AND REHABILITATION RANCH, Inc.
Triple R

P.O. Box 494
Tallahassee, Florida 32302

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EQUINE OWNER TRANSFER/SURRENDER CONTRACT

Donor Information:

Name: _____

Aliases: _____

Mailing Address: _____

City, State, Zip _____

Home phone: (____) _____ - _____ Alternate/Business phone: (____) _____ - _____

Email address: _____

May we allow potential adopters of the equine you are donating contact you? _____

Veterinarian Information:

Veterinarian's Name: _____

Business Name: _____

Mailing Address: _____

City, State, Zip _____

Business phone: (____) _____ - _____ Business Fax: (____) _____ - _____

Email address: _____

Equine Information:

Name: _____

Breed: _____ Age: _____ Color: _____

Sex: _____ Height: _____ Weight: _____ Markings: _____

Reason for donating this equine? _____



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Registration and Branding Information

Is equine registered? _____
Registry name _____
Registration number? _____
Will you be turning over the registration papers? _____
Name of Dam (if known): _____
Name of Sire (if known): _____
Is the equine micro-chipped? _____ Whose name is the microchip information in?

Is the equine branded? _____
Where and what is the brand? _____
Does the equine have a lip tattoo? _____ Tattoo number: _____

Equine Behavior

Please rate this equine (1 = Mean/Afraid to 10 = Extremely Friendly):
Friendliness towards adults: _____
Friendliness towards children: _____
Friendliness towards other equines: _____
Friendliness towards small animals: _____
Overall Temperament (1 = Very Quiet to 10 = Highly Spirited): _____
Has this equine (circle all that apply): Bucked? Reared? Kicked? Bitten? Set Back?
Please explain _____
Is this equine easy to (circle all that apply): Lead, Tie, Trailer, Clip, stand for blacksmith
Does the equine get along well with other equines? _____
If not, what type of situation does this equine prefer? _____

Equine Health

Does equine have any current or previous lameness problems? _____ Describe: _____

Does equine have any current or previous health problems? _____ Describe: _____

Is equine on any current medications? _____ Describe: _____

Does the equine have any special needs? _____ Describe: _____

General Information

Date of last trim: _____ Date last shod (if applicable): _____
Date of last worming: _____ Type of wormer used: _____
Date of last vaccinations: _____ Type of vaccinations: _____
Date of Coggins: _____ Date equine's teeth were floated: _____
In what kind of housing situation is the equine used to (pasture, stall, etc.)? _____

What type of feed and how much is the equine currently being fed? _____

Is there anything else you can tell us about the equine that will enable us to help find him/her the best home?



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Equine Riding Abilities and Training

Can this equine be ridden? (check all that apply)

- € Not ride-able due to injury
- € Not ride-able due to lack of training
- € Not ride-able due to age (young or old)
- € Children at walk, light/medium riding only
- € Adults at walk, light/medium riding only

**This equine is suitable for or has the potential for:
(mark all that apply)**

- € General Western Riding
- € General English
- € English Pleasure
- € Western Pleasure
- € Driving
- € Eventing
- € Jumping (how high?)
- € Dressage
- € Trail
- € Competitive Trail
- € Endurance
- € Youth Horse
- € Reining
- € Barrel Racing
- € Other _____

Equine requires what type of handler on the ground?

- € Beginner
- € Intermediate
- € Experienced

If ride-able, equine requires what type of rider

- € Beginner
- € Intermediate
- € Experienced

Equine has been trained/has experience in:(mark all that apply)

- € General Western Riding
- € General English
- € English Pleasure
- € Western Pleasure
- € Driving
- € Eventing
- € Jumping (how high?)
- € Dressage
- € Trail
- € Competitive Trail
- € Endurance
- € Youth Horse
- € Reining
- € Barrel Racing
- € Other _____

Size and type of bit used: _____

Type of saddle used: _____

Describe any competitive experience this equine has:



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By signing this contract, I, the undersigned donor of the above described equine understand and agree to the following:

- I am giving up all my rights, title, and interest in the above described equine to Equine Rescue and Rehabilitation Ranch, Inc.(hereinafter known as 'the Organization').
- There are no liens or claims against the equine, and if any liens or claims are found, I will be solely responsible for them and will indemnify the Organization from all damages the Organization may suffer due to the initiation of legal proceedings brought against myself and/or the Organization arising from my former ownership of the above described equine.
- I am releasing this equine completely and voluntarily.
- I have read and fully understand the policies of the Organization and realize that in the event the existing policies do not cover a specific situation, the Organization will use its best judgment and ability in handling the situation in the best interest of the equine.
- I understand that once I release the equine, I will not be able to visit the equine or have control over the equine's care. I understand that the Organization will provide for the equine per their policies and in the event the existing policies do not cover a specific situation, the Organization will use its best judgment and ability in handling the situation in the best interest of the equine.
- I understand that the Organization will not accept the equine until I have signed and returned this contract.
- I understand that the Organization may decline to accept the donation of this equine at any time.

This Contract is the complete and entire agreement between the parties and completely merges and supersedes all prior and contemporaneous oral or written discussions, negotiations, and agreements. No additions or modifications to or deletions from this Contract shall be effective unless executed in writing by the parties, and attached to this Contract as an Addendum. Please note yes or no in the space provided whether an addendum is attached.(Any addendum is only valid if both the donor and the Organization sign and agree to the addendum).

By signing, I declare that the above information on the equine is true to the best of my knowledge.

Signature of Donor/s Date

Printed Name of Donor/s

Signature of Organization Officer or Director Date

Printed Name of Organization Officer or Director

(Equine Rescue and Rehabilitation Ranch, Inc., which is a charitable organization registered under S. 496.411(3), F.S. A copy of the official registration may be obtained from the Division of Consumer affairs by calling 1-800-435-7352 toll-free with the state. Registration does not imply endorsement, approval or recommendation by the state. Florida registration number - CH30141 Federal tax ID #26-4752406)