

# HORSES' HAVEN SURRENDER FORM

P.O. Box 166 - Howell, MI 48844 / (517)548-4880 / horseshavenmi@gmail.com

*Horses' Haven is not a retirement facility or sanctuary. All our equines are available for adoption to approved homes and can return to Horses' Haven for any reason for the life of the horse. We have a limited number of spots available and your horse may be put on a waiting list depending on urgency of need and available space. Please fill out one form for each horse you would like to re-home. \*Required*

**Owner Name:\***

**First**

**Last**

**Owner Phone Number:\***

**Cell**

**Home**

**Owner Email: \***

**Owner Address:\***

**Street Address**

**City**

**State**

**Zip**

**Current Location of horse if not at Owner Address\***

**Facility Name**

**Street Address**

**City**

**State**

**Zip**

**What is the primary reason you wish to re-home your horse? \***

- Owner illness/injury, or death in the family
- Financial Hardship
- I have no time for my horse
- Moving and can't take my horse
- I am a transition home only
- Horse has a medical ailment, chronic illness or injury
- Horse has retired from its current riding career
- Horse needs training or a more experienced rider
- Other:

**Is there additional information you would like to provide about why you need to rehome your horse?**

**Would you like us to disclose your name to the new adopter?**

- Yes
- No

**Do you wish for this surrender to remain confidential?**

- Yes
- No

**How did you hear about Horses' Haven?**

- Friend
- Google search
- Facebook
- I am a volunteer
- Other:

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# HORSE INFORMATION

**Horse's Name:\***

**Horse's Registered Name:**

**If registered, name of breed association:**

**Gender:\***

- Mare
- Gelding
- Stallion

**Breed:\***

**Color:\***

**Date Foaled/Age:\***

**How long have you owned this horse?**

- Less than 1 year
- 1-3 years
- 4-6 years
- 7 + years

**Please describe the skill level needed to handle your horse:**

- Beginner:** easy to handle on the ground and under saddle. Friendly, steady, not reactive, "been there, done that" type of horse.
- Intermediate:** the horse is potentially reactive or has their own ideas on the ground and under saddle. Or they may be easy to handle on the ground but can be a little challenging under saddle, potential to spook or refuse to listen to the rider at times. May require additional training.
- Advanced:** Highly trained or very green and exhibits unpredictable or overactive behaviors. Horse needs someone who is very experienced or has experience training horses.
- Trainer:** Horse demonstrates behavior from the advanced category and may be unhandled or aggressive towards people. They will need someone with several years experience training multiple types of green horses.

**Horse's Current Capabilities Under Saddle:\***

- Non-riding companion**
- Lead Line Only-** pony rides at a walk/trot
- Serviceably Sound/Restricted Riding-** walk/trot only or low intensity flat work 2-3 times a week
- Riding-** sound at walk/trot/canter and okay for long rides on tougher terrain or competition.

**What riding activities do you do or have you done with your horse?**

Example: Western or English pleasure, trail riding, ranch work, dressage, showmanship, etc.

**Describe any known soundness and lameness issues:**

**Veterinarian Name and Number:\***

**May we contact your veterinarian to obtain records? Please call and request that the horse's medical records be sent to us or authorize their release to us.\***

- Yes
- No

**Last Coggins Date:**

**Last Vaccination Date:**

**Last Deworming Date and type of dewormer given:**

**Does your horse have any urgent medical needs or injuries that require immediate attention? Please Explain.**

**Has your horse been diagnosed with any chronic illnesses or lameness and how are you treating? Examples: Uveitis, Cushing's, navicular, arthritis, heaves, respiratory issues, EPM, etc.**

**Current Medications:**

**Describe any behavior issues such as cribbing, bucking, kicking, biting, bolting, etc.**

**Has your horse been exposed to any contagious diseases in the past six months?** Examples: Strangles, Flu/Rhino, etc.\*

- Yes
- No

**If yes, what have they been exposed to and have they been treated and cleared to travel by a veterinarian?**

**Does your horse have any special feeding requirements?** Include supplements.

**If your horse is a gelding, was he gelded in the last 6 months?**

- Yes
- No

**If your horse is a mare, has she been exposed to a stallion in the past year?**

- Yes
- No

**Is there anything else you would like to tell us about your horse?**

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**Thank you for taking the time to provide this information. It will help us find the best possible home for your horse. Please attach registration papers, medical records, current coggins test or any other pertinent documents in your possession that refer to this animal upon pick up or delivery of the horse. Thank You.**

**SURRENDER STATEMENT (PLEASE READ CAREFULLY BEFORE SIGNING):**

1. I am the sole owner of this horse. There are no liens or encumbrances placed on this animal.
2. By leaving this animal with Horses' Haven, I am relinquishing all rights of ownership.
3. I understand that by relinquishing ownership rights to this animal, I may not be able to determine its final placement. I do understand that Horses' Haven does NOT sell animals for research or slaughter or send them to auction. I understand that the animal may be placed in a new home or humanely euthanized, if and when necessary.
4. I agree that neither Horses' Haven nor its employees/volunteers will incur any obligation to me in regards to this animal.
5. I understand that if I wish to adopt this animal in the future, I will have to go through the normal adoption process.
6. All information contained in this application is truthful to the best of my knowledge.

**SIGNATURE:**

**DATE:**

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SIGNATURE REQUIRED upon pick up or delivery of the horse.