



## EQUINE SURRENDER AGREEMENT

I, the undersigned, hereby irrevocable surrender and relinquish to Amazing Grace Equine Sanctuary (AGES) for placement, adoption, or retirement, the following equine:

**Name:** \_\_\_\_\_

**Breed:** \_\_\_\_\_ **Registration No.** \_\_\_\_\_  
(Please attach registration papers if applicable)

**Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

Reason(s) for surrendering the equine?

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If the equine is a mare, is there a possibility she could be pregnant: Yes \_\_\_\_\_ or No \_\_\_\_\_.

**Identification (tattoos or brands):** \_\_\_\_\_

**Color and Markings:** \_\_\_\_\_

Rideable: Yes No

Discipline: \_\_\_\_\_

Has this equine ever received professional training? Yes \_\_\_ No \_\_\_.

What type of training and for how long?

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Has this equine ever injured anyone? Yes \_\_\_ No \_\_\_.

If yes please explain: \_\_\_\_\_

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Any habits we need to be aware of? (e.g. bites, kicks, rears, bucks, cribs, etc)

If yes please explain: \_\_\_\_\_

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

Vaccination/Treatment	Date
E&W Encephalomyelitis	
Tetanus	
Rhino-Flu	
Rabies	
West Nile Virus	
Worming Product:	
Hoof Care	
Dental Care	

Attach the most recent vaccination records to this form. If the horse has not been vaccinated in the current calendar year, please vaccinate the horse before surrendering and provide copies of records to AGES.

Does this equine have a current Coggins? Yes \_\_\_ No \_\_\_.

(Please attach the current calendar year Coggins test results per state of Wisconsin regulations)

Are there any medical conditions we should be aware of? (e.g. founder, cushions, EPM, allergies, etc.) Yes \_\_\_ No \_\_\_.

If yes please explain: \_\_\_\_\_

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Is this equine accustomed to pasture turnout? Yes \_\_\_ No \_\_\_. Stall? Yes \_\_\_ No \_\_\_.

How does this equine get along with others in a herd situation?

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Does this equine stand easily for the farrier? Yes \_\_\_ No \_\_\_\_\_. Explain

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Does this equine trailer load easy? Yes \_\_\_ No \_\_\_. Explain

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**Representations and Warranties**

I hereby represent and warrant to AGES, that the undersigned is the sole owner of the above described equine; has the authority to surrender this equine for adoption/placement or retirement at AGES; that no other person or person's signature is required to initiate a valid transfer of ownership and registration papers on this equine (if available); and that no other person or persons has any legal equitable ownership interest in this equine.

**Delivery of Registration**

I agree to deliver to AGES a properly signed transfer of all registration papers, if available, for the above described equine, omitting the name of the transferee.

**Other Pertinent Information and Consent for Contact**

I also agree to provide AGES with all available information concerning this equine which might assist with finding the equine a future home. This information includes but not limited to health/vaccination records, previous owners' identification, life events, and individual personality traits. I also understand AGES may contact previous owners, breeders, veterinarians, and farriers to obtain information to assist in placing the above referenced equine in a suitable home.

**Surrender Rights**

By executing this document I understand that I am giving up forever all rights to, titles to, and interests, regardless of the delivery or non-delivery of registration papers, to the above equine voluntarily and without coercion or threats of any kind. I further understand that all future decisions regarding the placement of this equine will solely be those of AGES. I also understand if this equine is found to be unsuitable for placement for reasons determined by AGES and/or a licensed veterinarian that the equine may either be retired at AGES or euthanized. Lastly, it is understood that the surrendering party shall hold AGES and all its officers, directors, employees, and volunteers harmless from any claims of damage, injury, or acts of negligence arising from this surrender.

**This is a legally binding document for the irrevocable surrender of an equine for placement in an adoptive home by AGES. Please read this document carefully and thoroughly before signing. Take as much time as you need to consider this decision.**

I have read the preceding and agree to all conditions set forth.

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**& Email Address:**

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