Trails End Farm Equine Surrender Agreement

Name:	Date:
Address:	Date: Email:
City, State and Zip:	Phone #
Driver's License #	State
Equine's Name, Registration, or Br	Phone #State
Breed:	Age: Sex:
How long have you owned this equ	Age:Sex: uine?
Equine's Previous Use:	
	e type of surgery No Unknown
	s issues? ? Yes No Unknown ibe
Current Vet:	Phone:
Current Ferrier	Phone:
If equine is a mare, is there a possi	ibility she could be pregnant? Yes No
Please describe the equine's riding	g history.
Farm should know.	erament, soundness and any habits about which Trails End
handling it (e.g. bites, kicks, rears, etc.)? Yes No Unkn Has this equine ever injured anyon If you answered yes to either of the	soundness or habits pose any danger to those riding or bucks shies at vehicles, will not trailer without tranquilizer, own e? Yes No Unknown e two previous questions, please explain in full detail (attach
Is this equine a cribber? Yes _	accinations, worming, hoof and dental care.

Rabies		
West Nile		
Botulism		
Worming		
Product:		
Hoof Care		
Dental Care		
To the best of my knowledge, the above information al	bout the equine's riding histo	ry,
temperament, and medical treatment is true and corre	ct.	
Owner's signature	Da	ate
Surrender Donation:		
Will you be making a donation to help cover the costs	of caring for this equine while	e it is at
Trails End Farm?YesNo.		
Do you have proof of ownership? What proof	of can you provide?	
Do you have proof of ownership? What proof Having sole ownership of the above equine, I/we here!		
		thoroby
, registration/brand: relinquish all ownership in this animal.	to trails End Faith and	петеру
I understand that Trails End Farm will not be responsib	olo for any financial obligation	e incurred
by me on behalf of this equine prior to its surrender to		is incurred
Trails End Farm will find a suitable home for this equine		senting to
the marketing of the equine by an individual/organizati		
I understand and agree that I am transferring full legal		
Farm and Trails End Farm has full authority for all nece		
euthanasia.	obary votormanan procedure	o molading
Owner Signature	Printed Name	Date
2-g		
Owner Signature	Printed Name	Date
Owner Signature	Printed Name	Date
Convert areas of augustahin attached?		
Copy of proof of ownership attached?		