## **Owner Surrender Application**

Owner Information, hereafter Name: Address: Email: Phone:	"OWNER"		
Horse Information, hereafter 'Name: Age: Height: Sex: Color: Breed:	'EQUINE"		
How long have you owned EQ	UINE:		
Why are you surrendering your horse?			
Please check the boxes of the kid handle your horse for:	behaviors	your horse is <b>SOLID</b> with, as in you'd let a 12 year old	
BEHAVIOR	CHECK	Explanation	
Haltering			
Leading			
Trailering			
Hoof handling			
Vet care			
Bathing			
Tacking up			
Ground manners			
Stand for mounting			
Walking under saddle			
Trotting under saddle			
Cantering under saddle			
Trail riding Discipline specific skills			

## **Owner Surrender Application**

•	PASTURE or GRASS HAY or ALFALFA HAY or OTHER
If Yes, please	ications or supplements? YES or NO (please circle one)
•	tions, dentals and hoof care? YES or NO (circle one)
•	navioral challenges? <b>YES or NO</b> (circle one) use this space to further describe the EQUINE:
Does your EQUINE have known phy If Yes, please explain:	rsical issues? <b>YES or NO</b> (circle one)
Do you have any previous veterinar	rian records that you can send to us? YES or NO (circle one)
Can you deliver or does your EQUINone)	NE need to be picked up? <b>DELIVERED or PICKED UP</b> (Circle
lequine.	(OWNER) have divulged all known information about my
OWNER Signature	Date
OWNER Print Name	