



# Fallen Oak Equine Rescue and Rehabilitation Surrender Contract/Release

The following information is required to be filled in and submitted by the owner of the equine being surrendered to Fallen Oak Equine Rescue and Rehabilitation:

## Owner Information

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Horse Information

Nick Name: \_\_\_\_\_

Registered Name: \_\_\_\_\_

Registration Association: \_\_\_\_\_ Registration #: \_\_\_\_\_

(Please attach original breed/registration papers with signed transfer)

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Color: \_\_\_\_\_

Descriptive Markings and/or Brands: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Reason for Surrender:

(Fallen Oak Equine Rescue and Rehabilitation does not and will not make or pass judgement towards anyone, for any reason for surrendering their horse)

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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## Medical History and Temperament

Most recent vaccinations and date administered: (Please attach copy of veterinary or health provider documents)

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Most recent worming, date administered and product used:

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Date of most recent Coggins test: \_\_\_\_\_

(Please attach copy)

For the following statements, check all that apply:

- Horse Stands tied       Horse leads       Horse stands for grooming  
 Horse Stands for hose       Horse stands for farrier       Horse trailer loads

Horse is:     Halter broke     Green broke     Dead broke

Known medical or lameness issues: (Please attach copy of veterinary or health provider documents)

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Current treatment, medication or supplements:

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Known allergies:

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Please describe the horse's overall temperament, personality, likes and dislikes:

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To the best of your knowledge, provide information concerning the horses history:

(i.e. Place of birth, where trained, time at each location)

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**Release:**

I, \_\_\_\_\_ (Owner) agree that the above information is true to the best of my knowledge and that I am the legal owner of the horse described above. I understand that by signing this form, I agree to surrender legal ownership of my horse listed above to Fallen Oak Equine Rescue and Rehabilitation.

Owner hereby agrees to assume any and all risks of injury, death or property damage whether those risks are known or unknown. Owner agrees to forever release Fallen Oak Equine Rescue and Rehabilitation, its officers, directors, employees, agents, volunteers, successors, predecessors, transferees, assigns, attorneys, insurers and/or personal representatives, from any and all actions, claims or demands that Owner, Owner's heirs, distributes, guardians, next of kin, spouse or legal representatives now have, or may in the future, for injury, illness, death or property damage related to said equine surrender;

Owner further agrees to indemnify and hold Fallen Oak Equine Rescue and Rehabilitation, including its officers, directors, employees, agents, volunteers, successors, predecessors, transferees, assigns, attorneys, insurers and/or personal representatives, harmless for any and all injuries, illnesses or other damages of any sort in any way related to said equine surrender;

I have read and thoroughly understand this release of liability and agree to abide by it.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By: \_\_\_\_\_

Owner Signature

\_\_\_\_\_

Owner Printed Name