

Red Clay Ranch Equine Rescue and Sanctuary, Inc.
364 Parker Road
Lyerly, Georgia 30730
404-964-5665

Equine Surrender Form

Name: _____ Date: _____

Address: _____ Email: _____

City, State and Zip: _____ Phone # _____

Driver's License # _____ State _____

Equine's Name, Registration, or Brand: _____

Breed: _____ Age: _____ Sex: _____

How long have you owned this equine? _____

Equine's Previous Use: _____

Has this equine had any type of surgery? ____ Yes ____ No ____ Unknown

If you answered yes, please list the type of surgery. _____

Does this horse have any lameness issues? ____ Yes ____ No ____ Unknown

If you answered yes, please describe. _____

Current Vet: _____ Phone: _____

Current Farrier: _____ Phone: _____

If equine is a mare, is there a possibility she could be pregnant? ____ Yes ____ No ____

Please describe the equine's riding history.

Please describe the equine's temperament, soundness and any habits about which Red Clay Ranch Equine Rescue and Sanctuary, Inc. and its adopters should know.

Does this equine's temperament, soundness or habits pose any danger to those riding or handling it (e.g. bites, kicks, rears, bucks, shies at vehicles, will not trailer without tranquilizer, etc.)? ___ Yes ___ No ___ Unknown

Has this equine ever injured anyone? ___ Yes ___ No ___ Unknown

If you answered yes to either of the two previous questions, please explain in full detail (attach additional sheet if necessary.)

Is this equine a cribber? ___ Yes ___ No ___ Unknown

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

Coggins	___ Neg. ___ Pos.	Date_____	___ Unknown
E & W Encephalomyelitis		Date_____	___ Unknown
Tetanus		Date_____	___ Unknown
Rhino-Flu		Date_____	___ Unknown
Rabies		Date_____	___ Unknown
West Nile		Date_____	___ Unknown
Botulism		Date_____	___ Unknown
Worming Product:	_____	Date_____	___ Unknown
Hoof Care		Date_____	___ Unknown
Dental Care		Date_____	___ Unknown

To the best of my knowledge, the above information about the equine's riding history, temperament, and medical treatment is true and correct.

Owner's signature

Date

Surrender Donation:

Will you be making a tax deductible donation to help cover the costs of caring for this equine while it is at Red Clay Ranch Equine Rescue and Sanctuary, Inc.?

_____ Yes _____ No. If yes, the tax deductible donation is in the amount of \$ _____.

Acknowledgement:

Having sole ownership of the above equine, I/we hereby surrender the equine _____, registration/brand: _____ to Red Clay Ranch Equine Rescue and Sanctuary, Inc. and thereby relinquish all ownership in this animal.

I understand that Red Clay Ranch Equine Rescue and Sanctuary, Inc. will not be responsible for any financial obligations incurred by me on behalf of this equine prior to its surrender to Red Clay Ranch Equine Rescue and Sanctuary, Inc.

Should Red Clay Ranch Equine Rescue and Sanctuary, Inc, find a suitable home for this equine, I understand that I am consenting to the adoption of the equine by an individual/organization approved by Red Clay Ranch Equine Rescue and Sanctuary, Inc.

I understand and agree that I am transferring full legal ownership of my equine to Red Clay Ranch Equine Rescue and Sanctuary, Inc and Red Clay Ranch Equine Rescue and Sanctuary, Inc. has full authority for all necessary veterinarian procedures including euthanasia.

Owner Signature

Printed Name

Date

Owner Signature

Printed Name

Date

Owner Signature

Printed Name

Date

RCR Office Use Only:

Accepted by: _____ . Comments: _____

