



# Northern Michigan Horse Rescue and Rehabilitation

rescue

rehabilitate

rehome

## Horse Surrender Form

If there is any part of this surrender form that you do not understand or have questions about, please contact Beth for more information at 989-350-2971 or email [northernmichiganrescue@charter.net](mailto:northernmichiganrescue@charter.net).

Please return this to: Northern Michigan Horse Rescue and Rehabilitation, 847 Meecher Road, Gaylord, MI 49735

### Horse Information:

Horse Nickname \_\_\_\_\_

Full Registered Name \_\_\_\_\_

Registration Association and # \_\_\_\_\_ (original breed papers with signed transfers must be submitted with this form)

Breed \_\_\_\_\_

Age \_\_\_\_\_

Gender \_\_\_\_\_

Color \_\_\_\_\_

Descriptive Markings and Brands:

\_\_\_\_\_  
\_\_\_\_\_

### Current Owner Information:

Current Owner \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

How long has this horse been with the current owner? \_\_\_\_\_

Reason for surrendering this horse to Northern Michigan Horse Rescue and Rehabilitation? Northern Michigan Horse Rescue and Rehabilitation does NOT judge people based on their reasons for surrendering their equines.

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**Medical and Temperament History:**

Most recent vaccinations including date administered:

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Most recent worming including date administered and product used: \_\_\_\_\_

Does this horse have a current negative Coggins test? [ ] Yes [ ] No (if so, original Coggins test must accompany this form)

Has this horse been vaccinated for West Nile Virus within 6 months? [ ] Yes [ ] No

Does this horse stand tied? [ ] Yes [ ] No

Does this horse load into a trailer? [ ] Yes [ ] No

Does this horse lead? [ ] Yes [ ] No

Does this horse clip? [ ] Yes [ ] No

Does this horse stand to be bathed and groomed? [ ] Yes [ ] No

Does this horse stand for the hose? [  ] Yes [  ] No

Does this horse stand for the farrier? [  ] Yes [  ] No

Does this horse stand to be wormed/vaccinated? [  ] Yes [  ] No

Is this horse broke to ride? [  ] Yes [  ] No If yes, in what situations has this horse been ridden?

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Known unsoundness, lameness, or other medical conditions: (please attach any veterinary or other health provider documentation)

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Current treatment or veterinarian recommendations:

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Any known feed or medication allergies? \_\_\_\_\_

Please list all known special needs, overall temperament, any likes/dislikes, quirks, vices, and any other necessary or useful information. This information will help us with the rehabilitation process, if needed, and helps keep our trainer, staff and volunteers safe.

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On a separate sheet of paper, please write up a brief (or not so brief) history of this horse. Also, if you have any preferences for the type of adoptive home you would like to see this horse go to, let us know. We can't promise specifics when placing horses into new homes; however we do try to take into account the type of situation owners would like to see their horse go to.

Northern Michigan Horse Rescue and Rehabilitation (NMHRR) is a non-profit organization, currently working on our 501(c) 3, tax-exempt status. We are happy to provide receipts for bookkeeping purposes but please obtain advice from a qualified

accountant before making or claiming a tax deduction for your donation. Any and all donations, funds and adoption fees are put back into the organization and as soon as our tax exempt status becomes formal, all donations will be tax deductible.

Release:

I, \_\_\_\_\_, agree that the above information is true to the best of my knowledge and that I am the legal owner of the above described horses. I understand that by signing this form, I agree to surrender legal ownership of my horse(s) listed above to Northern Michigan Horse Rescue and Rehabilitation. It is understood that the surrendering party shall hold Northern Michigan Horse Rescue and Rehabilitation and all its officers, directors, employees, and volunteers harmless from any claims of damage, injury, or acts of negligence arising from this surrender. I have read and thoroughly understand this release of liability and agree to abide by it.

Owner \_\_\_\_\_ Date \_\_\_\_\_