

## Horse Relinquishment Form

### A. General Information *(All fields must be completed. If non-applicable, enter n/a.)*

Name \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Alternate Email \_\_\_\_\_

### B. Equine Information *(All fields must be completed. If non-applicable, enter n/a.)*

Equine Name \_\_\_\_\_ Age \_\_\_\_\_  
Breed \_\_\_\_\_ Color, Markings, Brands, etc \_\_\_\_\_

Date of Relinquish: \_\_\_\_\_ Date Turned Over: \_\_\_\_\_ Relinquish Fee: \_\_\_\_\_

Current negative Coggins? *(circle one)* Yes No

Current Vaccinations? *(circle one)* Yes No

**Note: Current Coggins form and records of vaccinations must be attached if applicable.**

Current equine worming program: \_\_\_\_\_

Date last wormed and type of wormer \_\_\_\_\_

Current Feeding Program: \_\_\_\_\_

Date and time last fed and type of feed \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for Relinquish: \_\_\_\_\_

I, the undersigned, agree to relinquish all ownership, rights and interest in the above referenced equine to Horses Healing Hearts, Inc. (3H). I certify that no claims or liens exist against said equine to the best of my knowledge. However, if any claims or liens were placed on the equine while in my custody, I assume full responsibility for such and will not hold Horses Healing Hearts, Inc. liable. If legal proceedings are initiated against me or Horses Healing Hearts, Inc. arising from my custody or care of said equine, I agree to assume full responsibility and hereby release Horses Healing Hearts, Inc. from all liability.

In signing this contract, I attest that I am voluntarily and without duress releasing custody of the above referenced equine completely and fully to Horses Healing Hearts, Inc. I understand that in such cases 3H policies do not fully address specific or unforeseen situations, 3H will determine what is necessary and take such action, to the best of their ability, so as to ensure that the best interests of the equine are met. I further understand that the returned equine must have official documentation of current negative Coggins if applicable and documentation of currency on all vaccinations required by 3H policy or these expenses may be charged to me.

No amendment or variation of this contract shall be effective unless in writing and signed by or on behalf of each of the parties hereto.

I understand that once I have relinquished the above said horse I will have no rights as to ownership. \_\_\_\_\_Initial

I understand and agree to make an appointment if I would like to come and visit the horse. \_\_\_\_\_initial

I understand that at no time am I allowed to visit 3H facilities without prior permission from 3H \_\_\_\_\_intial

I understand that if I enter 3H property without permission I may be arrested for Trespassing PC 602 \_\_\_\_\_initial

\_\_\_\_\_  
Relinquishes Signature

\_\_\_\_\_  
Date

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

Drivers License Number: \_\_\_\_\_

\_\_\_\_\_  
3H Representative Signature

\_\_\_\_\_  
Date