



Southern Arizona Veterinary Equine Rescue

P.O. Box 120 S. Houghton Rd. Suite 138-193

Tucson AZ 85748

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 Ferrier: _____ 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 Southern Arizona Veterinary Equine Rescue. 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 Southern Arizona Veterinary Equine Rescue?

_____ 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 Southern Arizona Veterinary Equine Rescue and thereby relinquish all ownership in this animal.

I understand that Southern Arizona Veterinary Equine Rescue will not be responsible for any financial obligations incurred by me on behalf of this equine prior to its surrender to Southern Arizona Veterinary Equine Rescue.

Should Southern Arizona Veterinary Equine Rescue 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 Southern Arizona Veterinary Equine Rescue.

I understand and agree that I am transferring full legal ownership of my equine to Southern Arizona Veterinary Equine Rescue and Southern Arizona Veterinary Equine Rescue has full authority for all necessary veterinarian procedures including euthanasia.

Owner Signature

Printed Name

Date

Owner Signature

Printed Name

Date

SAVER Use Only:

Accepted by: _____

Comments: