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| **Application and Terms for Donation of Horse**  |
|  | **Donor**  |
| **2868 A ROAD Loxahatchee, FL 33470 Audanthony@gmail.com** | Name  |  |
| Address  |  |
| City, State & Zip  |  |
| Phone  |  |
| Fax  |  |
| Email  |  |
| **Donated Horse**  | **Current Location of Horse**  |
| Registered Name  |  | Name of Facility  |  |
| Breed  |  | Contact Person  |  |
| Color  |  | Address  |  |
| Markings  |  | City, State & Zip  |  |
| Birth Date  |  | Phone  |  |
| Sex  |  | Email  |  |
| Does the Donated Horse have Registration #? If yes, #:  |
| **Please answer the following questions as completely and accurately as possible.**  |
| Reason for Donation of Horse:  |
| Donated Horse’s current or most recent trainers & phone number:  |
| Donated Horses current veterinarian & phone number: Owner/trainer must be willing to **SIGN** a release form for Donated Horse’s current veterinarian, permitting release of Donated Horse’s x‐rays, medical records and any additional pertinent information to (Organization).  |
| I have attached a copy of the following pertaining to the Donated Horse (please circle):Current Coggins (Required) Veterinary Records Registration Papers (Required) Recent Photograph (Required)**Horse must be relinquished WITH original papers and CURRENT COGGINS.**  |
| Is the donated horse in training? If not, when was the donated horse last in training?  |
| What is the current condition of the Donated Horse? Is the horse sound for riding? Please answer in detail, attaching additional sheets if necessary.  |
| Donated Horse’s Medical/Surgical History:  |
| Donated Horse’s Injury History:  |
| Has the Donated Horse ever tested positive for, or exhibited symptoms of: \_\_\_\_\_\_EVA \_\_\_\_\_\_\_Piroplasmosis \_\_\_\_\_\_\_EPM \_\_\_\_\_\_\_\_Equine Herpes, etc.  |
| Has the Donated Horse every been trained on steroids?  |
| Is the Donated Horse a “cribber”?  |
| Is the Donated Horse a “bleeder”?  |
| Is the Donated Horse a “roarer”?  |
| Additional Information pertaining to Donated Horse.  |
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| **Financial Assistance**  |
| Please indicate if you are able to sponsor the Donated Horse with a donation to (Organization):Yes I can contribute $ \_\_\_\_\_\_\_\_\_\_\_\_ per month until the Donated Horse is adopted out of the (Organization)’s program. Yes I can contribute a one‐time donation of: $ \_\_\_\_\_\_\_\_\_\_\_\_\_.No I cannot make a financial contribution at this time.  |
| **Form Completion Information**  |
| Name of person completing this form:  | Phone Number:  |
| Relation to Donated Horse:  | Date Form Completed:  |
| **Horse Donation Application Agreement**  |
| I understand a donation is subject to (Organization)’s review and approval of this application. If this application is accepted, I understand and agree to the following: 1. a)  By delivery of the Donated Horse to (Organization), I transfer complete ownership of the Donated Horse to (Organization), which includes the care, custody and control of the horse, and the right to transfer ownership/registration to (Organization) or to a person or organization adopting the Donated Horse. (Organization) shall have sole and full discretion on the care and disposition of the Donated Horse, to include making decisions on veterinary treatment or procedures; adoption of the horse to persons or organizations deemed suitable by (Organization); or euthanasia.
2. b)  (Organization) shall not be responsible for any fees, including boarding fees. (Organization) will not pay any fees to past providers, and Donor will indemnify and hold (Organization) harmless from any claim arising or lien asserted from such past care of Donated Horse.
3. c)  Liability and risk of loss remains with Donor until (Organization) is in actual possession of the Donated Horse.
4. d)  After acceptance of the delivery of the Donated Horse, (Organization) will provide Donor with a receipt acknowledging possession of the horse. If donor plans to take a tax deduction for the donation to (Organization), donor will arrange for the valuation of the horse in advance of delivery to (Organization). (Organization) is not able to provide an opinion on value.
5. e)  All matters arising from this donation to (Organization) will be construed under the laws of the State of Florida, and any action by either party shall be brought in a court of competent jurisdiction in West Palm Beach, Florida.
6. f)  This Agreement contains the entire agreement of the parties and there are no promises, agreements, representations or warranties other than those contained herein or expressly incorporated by reference.
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| **Signatures**  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name of Donor or Donor’s Authorized Agent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Donor or Donor’s Authorized Agent Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Donor Name (Organization) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorized Signature of (Organization) Date  |