

EQUINE DONATION CONTRACT

We understand that the donation contract is long – however, the more information we have on your horse, the easier it will be to place him in the right foster and adoptive home.

Donor Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Alternate Phone: _____

Veterinarian _____ Phone _____

We understand that the donation contract is long – however, the more information we have on your horse, the easier it will be to place him in the right foster and adoptive home.

Required Equine Information

Name: _____

Breed: _____

Is the equine registered? If so, with what registry? _____

Registration Number _____

May we allow potential adopters of the equine you are donating to contact you?

_____ Yes _____ No

Will you act as a reference so that others wishing to donate equines may contact you to ask questions about your dealings Throwaway Ponies _____ Yes _____ No

Optional Equine Information- The more information you give us, the better we can care for your equine!

Describe your equine's temperament – including his interactions with humans, other horses, children, and dogs: _____

Describe any training experience your equine has – including the disciplines (English, western, jumping, driving, trail, etc.), length of time in training, level of rider, etc.

Describe any competitive experience your equine has: _____

Describe the potential your equine has for any type of discipline (playdays, western pleasure, child's horse, trail horse, etc.): _____

Color: _____

Age: _____

Marking: _____

Height: _____

Weight: _____

Gender: _____

Brand: _____

Microchip Information: _____

Lip Tattoo: _____

Has this equine ever (circle all that apply):

Bucked Reared Kicked Bitten

Other (describe): _____

Is this equine easy to (circle all that apply):

Catch Lead Tie Trailer

Describe any current or previous lameness – including dates, treatment, cause, etc.

Describe any current or previous injury – including dates, treatment, cause, etc.

Describe any current or previous health problems – including dates, treatment, cause, etc.

Describe any special needs of the equine:

Describe your equine's vaccination history for the past 3 years – including what vaccinations were administered and when

Describe your equine's dental history for the past three years – including dates teeth floated, any additional dental work, etc.

Date of Last Coggins Test _____

Date the equine was last wormed: _____

Date and description of last farrier visit: _____

What type of turnout and shelter is your equine used to? (Pasture, stall with turn out, stall rest, etc.)

Describe your equine's current feeding schedule – including time fed, amounts, and type of feed:

Why are you donating your equine? _____

Anything else that might be helpful? _____

In general, Throwaway Ponies changes the name of the horses and other equines we take in to help protect the identity of the equine's owner. Please initial here if it is acceptable to retain your equine's name: _____

By signing below, I, the undersigned donor of the above describe equine agree to the following:

I am the legal owner of the above described equine with all legal right to donate the horse.

The above information on the equine is true and accurate to the best of my knowledge.

I am surrendering all my rights, title, and interest to the above described equine to Throwaway Ponies

There are no liens or claims against the equine and no claims or potential claims regarding my ownership of this equine. If any liens or claims arise regarding my ownership of the equine, I am solely responsible and agree to indemnify Throwaway Ponies for all costs the organization may incur due to legal proceedings brought against myself and/or Throwaway Ponies.

I understand the Throwaway Ponies will provide for the above described equine to the best of the organization's abilities.

I will be able to visit the equine but will not be able to control the equine's care.

I understand that Throwaway Ponies will not accept the equine without a signed donation contract and negative Coggins test performed within the last twelve (12) months.

I understand that Throwaway Ponies may decline to accept the donation of this equine for any reason until the equine has been moved into a Throwaway Ponies approved foster home with the permission of a Throwaway Ponies officer or director.

This contract is the complete and entire agreement between the parties and completely merges and supersedes all prior and contemporaneous oral or written discussions, negotiations, and agreements. No additions or modifications to or deletions from this Contract shall be effective.

Donor Signature

Date